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## INSTALLING MEDICAL ASEPSIS

BY EDITH B. WILSON, R.N.

BEFORE Los Angeles County opened the new communicable diseases unit of the Los Angeles General Hospital, very careful thought was given to the technic to be used and finally the writer was sent to the Providence City Hospital, Providence, Rhode Island, to learn the medical aseptic technic practised there under Dr. D. L. Richardson. This technic is based on the theory that all infectious disease is transmitted by actual contact, direct or indirect, and that transmission through the air alone, without such contact, is so rare that it is of no practical importance.

Medical asepsis aims to confine each different communicable disease to a physically separate unit, not by the aid of walls, screens, cubicles, nor any other mechanical device, but by technic alone. In our open wards of ten beds it is possible to care for ten different kinds of communicable disease without danger of cross infection, provided that six feet are allowed between the beds and that we are careful of our contacts.

A "unit" is an area which represents a separate and distinct infection. There

are as many units in a ward as there are different kinds of diseases among its patients. A unit may comprise a single bed, a group of beds, an entire room or ward, and hence may comprise from one to ten patients. The different units are designated by bright red cards, 4 x 6

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inches, bearing the word "Barrierred" in large black type, to hang on the head of the bed. Each barrier card contains a black figure on a white background in the upper right hand corner to indicate the number of the unit. The same figures are pasted on the wall above

the shelf containing the treatment equipment for use in a certain unit, on the screen intended for use in that unit, and above the hook for the gown intended for that unit, so that a nurse or doctor entering a ward for the first time, can see at a glance which treatment equipment, which screen, and which gown are to be used for any unit in the ward. Hands are always scrubbed two minutes by a sand-glass timer and gowns are changed when going from one unit to another.

In all wards infection is confined to

the rooms occupied by patients. Corridors, operating room, kitchens, treatment and utility rooms, are free from infection. Infected rooms are indicated by Barrier cards.



(Showing doctor examining patient and wearing a gown as he comes in intimate contact with patient. Stethoscope and flashlight will be washed with soap and water or 1-60 phenol solution.)

Nurses wear short sleeved uniforms, hair combed close to the head with hair net to hold it in place, bib, apron and cap. Long gowns are worn by nurses and doctors when they come in intimate contact with a patient.

Each unit has its own thermometer. If the unit contains several patients, as in the wards, several thermometers may

be employed for convenience in taking temperatures. Thermometers are kept in covered glass jars containing 1-60 phenol solution. When several temperatures are to be taken with the same thermometer, it is wiped off and put into the phenol solution for at least one minute before use on the next patient.

All patients when admitted have cultures made from the nose and throat, from the ear, if discharging, and from open lesions. The nurse puts on a gown and with sterile applicator swabs both nares. This is rubbed well over the media and with another sterile swab the tonsillar region is well rubbed. This is then planted on the same media. The tube is plugged, wrapped in the identifying blank form which has been properly made out at the nurses' desk and is left in the basket to be taken to the laboratory. The applicators are discarded into the waste bags. If the patient is resistant, as in the case of a small child, a second gowned nurse holds the patient while the first gowned nurse takes the culture. If the culture tube has been contaminated it should be washed with 1-60 phenol solution or soap and water.

When a patient is discharged or dies, the following method of cleaning the unit is used. The bed, bedside table, chair, bell cord, if used, curtain cord, window sill and wall of the unit, if the patient is up, lavatory and door knob, are washed well with soap and water and the room is aired.

Rubber, such as rubber sheets, ice caps, ice collars, etc., which cannot be boiled without damage, are washed thoroughly with soap and water and are dried, preferably in the open air.

Mattresses and pillows are sent to the sterilizing room after patients have died,

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(No. 2—Note that the nurse taking the culture wears a gown, the nurse holding the culture tube remaining uncontaminated.)

have been taken home, or have been transferred when dangerously ill, and always in cases of smallpox and typhus fever. Otherwise they are aired for six hours only. Books, letters, etc., are carefully pinned up in a sterilizing square, one marked by pencil, and are sent to the steam sterilizer.

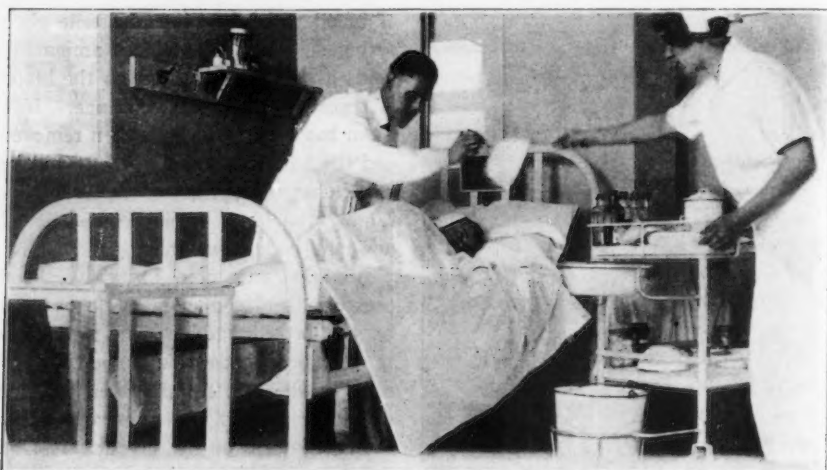
The following technic is used in taking blood for Wassermann and Widal tests, and blood cultures. All apparatus used is placed upon a clean towel on the bedside table. The skin over the median basilic or median cephalic vein is prepared. A tourniquet is applied, the needle inserted and the required amount

of blood withdrawn into a sterile glass syringe. The nurse (uncontaminated) holds a sterile tube, to which the blood is transferred from the syringe. If a gown has been worn, it is then removed and the hands are scrubbed. It will be noted that the outside of the tube containing the blood is not contaminated and may be handled freely.

All apparatus used in taking blood pressure is placed upon a clean towel on the bedside table. The patient is brought over to the side of the bed, and a clean sheet is thrown over the bed extending up and under the arm, while the arm is held up by the patient or an assistant. A clean towel is then wrapped



No. 3—Showing nurse taking culture. Note that one nurse keeps uncontaminated.)



(Showing doctor doing a dressing. The nurse and dressing cart remain uncontaminated.)

about the arm and over it the cuff is applied, none of it being allowed to touch the arm. The apparatus may stand on the table or on the clean sheet that covers the bed. One hand, now contaminated, takes the pulse, while the other manipulates the bulb. When the readings have been made, the hands are washed, the cuff is removed, and the apparatus is taken from the room. It may be necessary for a nurse to put on a gown to control the patient or hold his arm.

Contaminated toys may be washed in soap and water or boiled if possible. Toys dropped on the floor must be properly disinfected before being given to a patient. Toys should be tied to the beds of patients who are likely to drop them.

Gowns are worn by nurses for any work which involves intimate contact with the patient. The gown is taken from the hook, and slipped over the arms in such a way that the nurse is not contaminated. After finishing her work

the nurse washes her hands and folds the gown down the middle, clean surface inside, and hangs it on the hook in such a way that it can be slipped on again without danger of contaminating the uniform. Finally the nurse scrubs her hands again for two minutes. If no gown is worn, the nurse is careful that none of her clothing shall touch the bed or anything in the patient's room and contaminates only her hands or forearms, which can be scrubbed with soap and water. Gowns are changed at least twice a week and oftener if necessary.

In serving medicines, the tray is prepared at the medicine cupboard and the nurse takes it about the ward. She passes out each dose to patients who can take it themselves and puts it on the bedside table of all small children. When she has completed delivery, she puts on a gown and gives the medicine to the small children, scrubbing her hands and changing gowns between units. The medicine glasses are then

collected, without a gown, and are put in the sterilizer; after which she scrubs her hands.

Because the causative organisms of communicable diseases are most virulent in fresh secretions, great care must be used in the disposal of them. In order to control cross infections in hospitals, fresh secretions must be disposed of promptly. The virus obtains entrance to the body through the nose and mouth by actual contact. On every bedside table a paper bag is opened and attached. Into it are thrown pieces of gauze that have been used for wiping away secretions, applicators that have been used for throat swabs, tongue blades, etc. When secretions are profuse, a rubber slip is put on the pillow beneath the linen slip, the pillow cases are changed frequently.

If linen, throat sticks, towels, toys, or any other articles are dropped on the floor, they are considered contaminated and must be destroyed or properly disinfected.

Legal documents may be signed without the necessity of sterilization, as follows: A clean towel is laid on the bedside table and the document is placed upon it by the nurse. The document is then covered, save the place for the signature, by one or two hand towels. While the nurse holds the towels and document steady, the patient to whom an inked pen is given, affixes his signature. Thus the document remains uncontaminated. The nurse, hands still clean, removes the document. The towels are thrown into the laundry chute; the pen holder is washed with soap and water.

The operating room is an uninfected area and the infection must be confined

to the operating table, instrument table and etherizer's stool. Everything is made ready for the operation. The patient is brought in and etherized on the table. The nurse in charge of the ward is present to see that there are no errors in technic and to wait on the operators. After the operation the patient is removed to his room. Those engaged in the operation remove their gowns and gloves and leave them on the operating table and scrub their hands. Linen is thrown down the laundry chute, instruments are boiled, waste is thrown into the waste can. The operating table, instrument table, etherizer's stool and the floor are washed with soap and water.

In serving meals the nurse goes about and ties bibs on the children, washing her hands between units, if necessary. Trays for all patients are set up in the diet kitchen. When ready, they are taken to the various rooms and are placed either on the bed or on the bedside table. They usually can be delivered without contaminating the hands. The nurse then puts on a gown and feeds the small children, changing gown and scrubbing hands when passing from one unit to another. When the trays are collected, they are placed in the utensil sterilizer, the nurse touching nothing except the tray. Remnants of food are left in the dishes until after the dishes and trays have been sterilized. When the dishes and trays have been stacked in the sterilizer the nurse washes her hands and turns on the steam.

At present most of our work is being done by graduate nurses. We have our own student nurses to train and we have an affiliation with another hospital in Los Angeles.

This is one of the few hospitals on the Pacific Coast using medical aseptic technic in communicable disease nursing.<sup>1</sup> We are, therefore, pioneering in this work. We were looked upon, in the beginning, very much as any one else who brings something new to take the place of an old established custom.

Some of our attending staff, City Health and County Health officials looked as though they thought we were hardly sane to go about much of our nursing procedure dressed in the ordinary uniform and placing different diseases in the same room. A great many said it couldn't be done, others that we were a menace to the community and shouldn't be allowed to give it a trial.

Our greatest danger was in our untrained help, maids, garbage men, laundry workers, etc. It was very hard to make them understand the why and wherefore, but we were fortunate in getting a very willing and conscientious crew. It is with great satisfaction that we see the garbage man putting on and

removing his gloves and gown like a surgeon, and the look of bewilderment replaced by one of understanding as he goes about his work.

Not only our own nurses and doctors are enthusiastic about our work, but our State, County, and City Health officials as well. One of the doctors from the State Board of Health wishes to make some arrangements whereby all the public health nurses may be given an opportunity to acquaint themselves with the medical aseptic technic, either by a postgraduate course or by offering employment for a designated length of time.

The medical aseptic technic is being taught to the student nurses in several of our leading training schools for nurses. Almost daily some nurse or doctor visits us to see just how it is all working out.

We now feel that the technic is well established. We are all going about our work opening doors with our feet, turning on lights with our elbows, working at times with one hand contaminated with measles, the other with scarlet fever, feeling that we are not endangering anyone's health.

<sup>1</sup> The San Francisco Hospital and the Alameda County Hospital are among those that have established medical aseptic technic.—Ed.

#### A FEW FACTS CONCERNING POLIOMYELITIS

It is a very common disease. There are doubtless hundreds of very mild cases in which no paralysis results. They are usually not recognized and are therefore free to spread the infection to others. In addition there are many, many, carriers who can pass the disease on to others but are themselves not sick. In view of these facts it seems probable that the majority of our children are exposed. Whether or not any given child actually contracts the disease will depend upon the amount of infection to which he is subjected and the resistance or degree of good health which he enjoys.

Hence there are two means of protection against the disease: (1) By keeping all children (most especially children under 12 years of age) away from public gatherings of all kinds. (2) By building up the child's resistance to such a point that he will not easily fall prey to infection. This may be done by giving the child plenty of exercise in the fresh air and by seeing that he follows good health habits: regular hours of sleep with the windows open, a well balanced diet with meals at regular hours and strict attention to personal cleanliness. If your child has fever, isolate him and call a physician. A child in robust health does not contract disease as easily as one with a low degree of resistance.—*From the Detroit Weekly Health Review.*

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## A MEMBERSHIP CAMPAIGN

BY INA M. GASKILL, R. N.

THE Indiana State Nurses' Association has recently completed a campaign that has increased the membership thirty-one per cent. As a matter of interest to other state organizations, I am presenting the plan which we found so successful.

Although the district organizations and the alumnae associations throughout the state had credential or membership committees which were functioning more or less actively, the membership did not increase at a very rapid rate. It was evident that something must be done. The Federation of Women's Clubs, the Y. W. C. A., the League of Women Voters, etc., held campaigns for membership year after year with good results, why not the Indiana State Nurses' Association? The president of the association was quite convinced that it could be done and that it must be done. In order to interest all nurses, and especially the younger groups, it must be organized very carefully and there must be competition and a definite reward. A plan was finally outlined and approved by the executive committee and a part-time paid secretary, Mrs. Alma H. Scott, was employed to assist with the campaign.

The Educational Committee of the Association was employing a part-time publicity man. The committee knew that publicity would help the campaign, and the publicity man was delighted with the idea of a campaign, not because it would mean new members, but because it made publicity! Organizing a campaign by districts and alumnae

would mean the use of many names. This, therefore, was of interest not only to the state papers but to local papers and to press services supplying local papers with news.

It was finally decided that the membership campaign should be a contest between the districts and that the district chairman in the successful district should be sent as a delegate from the State Association to the biennial nursing convention in Detroit, with all expenses paid.

In planning the organization for the campaign, a state committee was appointed. This committee drew up the following rules concerning the campaign:

I. Each district shall determine its own committee organization and plan of campaign. The chairman of the membership campaign in the winning district shall be the official delegate of the Indiana State Nurses' Association to the biennial nursing convention in Detroit, June 16 to 21. This delegate is to have all expenses paid by the State Association.

II. Basis for determining percentage gain in membership:

1. New members are members secured for the State Association who were not members of that association on December 1, 1923.

2. The basis of percentage gain shall be the number of names of persons for which your district paid dues to the State Association, December 1, 1923. That is—if a district submitted a list of names and paid dues for 180 members, December 1, 1923, and 36 new members are secured whose names do not appear on that list, the percentage of gain is 20 per cent.

The membership contest will close May 15, 1924.

3. The list of new members, together with statement of the district treasurer that such

persons have been elected to membership since December 1, 1923, and that their dues will be held in the district treasury until December 1, 1924, shall constitute the number to be used in determining percentage gain.

4. A member of one district transferred to another district is not a new member as she is already a member of the State Association.

5. Members of the district who are in arrears with dues more than one year, but who are reinstated by payment of back dues or by action of Board of Directors and payment of dues for current year, as provided for in the district and alumnae by-laws, are classed as new members.

6. Members of the district who are in arrears with dues for 1923, but who pay those dues before May 1, 1923, are not classed as new members.

7. Members received by transfer from another state, not required to pay dues for current year in this state, will be classed as new members.

The state committee was also called together to pass upon any question that arose in connection with the campaign which might affect the districts. The one weak point in the rules adopted before the beginning of the campaign was that persons in arrears with dues for 1923, who paid up or who were reinstated between May 1 and 15, might be classed as new members. This, however, caused little difficulty as few chairmen attempted to take advantage of it.

The Executive Secretary met with as many alumnae as possible and either she or the president met with each district committee. Although each district planned its own campaign, the State Association encouraged any friendly competition within the districts. Each district organization, therefore, offered to finance wholly or in part the trip to the biennial convention for the local committee chairman who made the highest per cent of gain among alumnae and

individual membership groups within the district. In three districts it was the chairman of the individual members who made the greatest gain. Various alumnae associations offered the same reward to the individual nurse securing the most new members for her alumnae association.

The result of the campaign in figures is as follows:

#### FIRST DISTRICT—

Membership .....	144
Number of new members.....	51
Percentage gain in new members.....	35.4%
Alumnae Association making greatest gain in new members—Lutheran Hospital, Fort Wayne .....	13
Individual members.....	29

#### SECOND DISTRICT—

Membership .....	102
Number of new members.....	32
Percentage gain in new members.....	31.3%
Alumnae Association making greatest gain in new members,—St. Mary's Mercy Hospital, Gary.....	10
Individual members.....	9

#### THIRD DISTRICT—

Membership .....	181
Number of new members.....	58
Percentage gain in new members.....	32.04%
Alumnae Association making greatest gain in new members,—St. Mary's Hospital, Evansville.....	14
Individual members.....	19

#### FOURTH DISTRICT

Membership .....	535
Number of new members.....	158
Percentage gain in new members.....	29.5%
Alumnae Association making greatest gain in new members,—Methodist Hospital, Indianapolis.....	39
Individual members.....	29

#### STATE ASSOCIATION—

Membership .....	962
Number of new members.....	299
Percentage gain in new members.....	31%

After the close of the contest, one alumnae association reported ten new

members. Several applications are still pending in district and alumnae associations and will be ready to be voted upon at future meetings.

The fact that the greatest gain in three districts was in individual members may signify that while our alumnae are well organized our districts fail to reach the individual nurse. It may be that the individual nurse practicing outside the territory of her own alumnae is slow to affiliate with the district organization in which she is practicing.

The value of interest in the nursing organizations from the public through the publicity, and the new spirit and wholesome interest aroused among the nurses themselves, cannot be over estimated. Frequently young nurses who

previously could not understand the value of nursing organizations were found trying to convince others that they should become members; these assisted in making the campaign a success and possibly helped a friend to win the trip to Detroit. Such pulling together and teamwork had never before been shown.

If there are reasons why such a campaign should not have been held, we have not been able to find them and we are confident that no other activity has brought such good returns. Although our nursing organization is composed of professional women, modern business methods may be applied as successfully as to any lay group or business organization.

## THE TRAINED NURSE—A PLEA AND A PROTEST

[Editor's Note.—Many of our readers will resent the following article. It is published in no spirit of disloyalty to the private duty nurse. Together with the writer of the article, we pay our "heart's deep tribute" to the good private duty nurse. Unlike the writer, we believe she outnumbers the type enumerated. We publish the article as a reminder that it is, after all, the individual nurse who is responsible for the reputation of our profession and that it is just such accumulated evidence as this that brings down opprobrium upon the heads of all nurses. The article is published in the hope that it will stimulate the thinking not only of private duty nurses but also of those who are responsible for the selection and preparation of the students who will one day enter that important field.]

**I**N my dream I lined up all my trained nurses in the upper hall of my home and enunciated to them certain rules that would have to be followed if we were to live in peacefulness. I woke shuddering at the vision I had had of a long line of white-robed, white-capped figures, and thanked my stars that the

waking limit was only four of them, not the dwindling vista that had been evoked in my weary brain by the casual cough of my daughter in the middle of the night. Four nurses—all at the same time—were the sad reality because of two invalids in the house, one a chronic sufferer, the other convalescing from a serious surgical operation. For twenty years I had not been without one or two nurses in the house, and I had found them diversified as humans always are.

My heart's deep tribute I pay to those, of the many that have come and gone, who have given me their best service, altruistically as a physician is supposed to do, without stint of kindness and gentleness; who have adapted themselves to the exigencies of the house; who were not time servers, and who,

when they left me, for one reason or the other, left as friends though they had come as strangers. These, who carried out their vocations almost as a sacrament, have helped me keep faith in the "trained nurse" despite those who make the thought of needing one a horror, and who—but let me give a few quick sketches of the latter who came my way, and who, I regret, were more frequent than the former.

Exhibit 1 had tinted her hair, and then bobbed it,—it straggled from under her cap in a most un-neat fashion; she also rouged noticeably. She left soiled dressings in full view of the patient while she went to breakfast and was so surprised when I objected. She had an ugly eye and made coarse jokes to the man she was caring for,—and she sported an R.N. from a reputable hospital.

Exhibit 2, rawboned, immaculately clean, stomped into the room with weighty stride of a dragoon, insisted on upsetting the established routine and order of things, and banged doors. After watching the performance for three hours I was afraid to leave my half unconscious child to her tender mercies and told her that she would not do on this case. I was informed that she had nursed in the best families of the community and in far better homes than mine!

Exhibit 3, when in charge of my chronic invalid for night duty only, gadded about all day and was overheard telling the patient that if she got up again to go to the bath room she deserved a "licking" and that she had half a mind to give her one at once! I did not wonder that some easily excited patient might become violent in her re-

action against such heartlessness and I have come to the conclusion that much of the unruliness in sanatoria is due to the treatment invalids get and is a protest to their utter helplessness in the face of it. To make matters worse in our case, the patient was dumb, though not deaf.

Exhibit 4. The patient was by nature one who needed little sleep; the nurse was fat and lazy. The patient delighted in getting up early; the nurse did not,—consequently she shackled the patient to her bed to insure an undisturbed morning's sleep to herself. But, N.B., she made her patient go to bed at 8:30 while she sat and read until midnight.

Exhibit 5,—one who had been spoiled by hospital nursing and the large supplies on hand there. She could not think far enough ahead to see that her supplies for a desperately ill man had to be purchased on Saturday for Sunday's use. On one hectic occasion, this forgetfulness forced one member of the family on a wild-goose chase of hours, from one drug store to another, for some serum which had been ordered to be kept on hand for an impending emergency, and the lack of which might have meant loss of life. The final outcome was that the manufacturer, who was an acquaintance of the family, had to be called back from an outing to open his laboratories.

Exhibit 6 never could learn to make enough dressings ahead and so the doctor had to do the waiting.

Exhibit 7 used my very best towels as dressing wrappers during sterilization, though there were plenty of other materials available.

Exhibit 8. When a man, critically ill, whose nerves had been racked by the

tortures of certain surgical dressings, objected to the manner of her procedures, this lady "sassd back" at the patient—"Well I did do it that way," or "You need not tell me anything, I know my business,"—but she forgot such trifles as taking and charting temperatures, etc.

Exhibit 9 insisted on waking her patient at 6:30 in the morning after a restless night, because she had been taught that the night nurse was to give the bath before the day special came on duty.

Exhibit 10, while on a maternity case, suddenly broke the news to her patient (the baby was only a few hours old) that she was going to take her hours off. The young mother, without any near relatives in town, and not having known the rules governing a nurse's life, had to have her husband come up from business while the nurse departed for four hours. Evening hours off did not fit in her plans.

Exhibit 11, one who was fond of her own ease, subordinated the patient's comfort and needs to her own, and to prevent an uncomfortable amount of trouble in amusing the poor soul who was tied to her room, "doped" her secretly, while I worried over symptoms which I could not explain, until chance led me to discover a bottle of a certain strong sedative which had been used regardless of results.

And so the exhibits might be multiplied. Sad to say, it is the younger nurse who is the chief offender; it is she also who charged three and four times her usual rates during the influenza epidemic. What doctor would be tolerated who did such a thing in times of stress?

It is perhaps well that certain hospitals are turning out nurses who could really be called doctor's assistants, for in desperately serious cases there is need of an expert eye, but I have not yet found that these super nurses, with their four-year high school or even university degrees are any better than the woman with good mental capacity who has received an idea of the ethical side of her work, who has been made to realize that kindness, gentleness, and sense of duty are the prime requisites, and who carries out the physician's orders carefully. There is a noticeable lack everywhere of what might be called "trained practical nurses," women of good common sense, who can and will, if need be, put their hand to making and serving a simple meal for a convalescent, who will see to it that the room of the patient is kept in order, who are not above dusting or emptying waste baskets when a patient cannot endure having a succession of people come in to do these necessary jobs. There is need for women who will, at a pinch, contrive to amuse a patient, not just sit and rock and vegetate, who can keep awake when on night duty and not oblige a patient to strain his weakened voice to wake them either out of a sleep, or out of the preoccupation a thrilling novel induces.

It is curious that most of the nurses who bring to their work the least commercial spirit seem to be trained in the sectarian Christian hospitals. So many from the other organizations seem to be afraid that they might do one little thing more than they need do, they seem to view the patient as a thing to be endured, to consider him as being there for them to earn money by; they forget

that they are there for the patient, that they are paid to help make one unfortunate a little more comfortable, that the physician is really the ruler of the sick-room.

With all the dire experience I have had, I have been in the position to correct evils, but I have not wondered that the people at large may have a hesitation about entering a hospital or sanitarium. The feeling may be well justified by abuses and neglects which are perpetrated on helpless individuals

by those who ought to alleviate and not intensify the agonies of mental and physical illness.

Where the reason lies for the apparently changing viewpoint of the graduates of nursing schools, is difficult to say. Probably the general attitude of "out for the money, and damn the public" has seeped into the philosophy of life of the average nurse, as it has undermined so much else in the give and take of life in general. It seems to have become,—Take and not give.

## THE TRAINING OF THE NURSE<sup>1</sup>

BY A SISTER OF CHARITY

Dreams and aspirations are the natural output of the human soul.

ALL the sublime heroic deeds the world has ever known are but the product of dreams and aspirations of noble souls. The Divine instinct that inspires the giving of self in the service of others, that longing to help those in need, was planted in the human heart by the hand of God for a noble purpose and only in the attainment of that purpose will life develop in all its richness and beauty to the full bloom of perfection.

We are intensely interested in the nursing profession. We have been inspired by the ideal that

Every life is meant to help other lives;  
Each man should live for all men's betterment.

Without the incentive of a high ideal, life would be dull, indeed, and our work, but drudgery.

The nursing profession is the outgrowth of an ideal, foreshadowed years ago in the mind of Florence Nightingale. Urged on by the possible future of nursing as a calling, she forsook the luxuries of life to follow what she knew was her "call from God," and spent her years striving toward the realization of the dream of her youth.

We have taken up the work begun by other hands and it is the duty of each one of us to do all that lies in our power to bring the nursing profession to its highest possible development, but, as is always the case with an all absorbing purpose in view, the more rapidly we ascend toward the goal of our ambition, the farther seems its attainment, so much do we see to accomplish.

If we are to bring the nursing profession to the highest level of its possibilities, we must begin with our schools. We must see that only good seed is sown in the garden of the profession. Just

<sup>1</sup> Read at the annual meeting of the Kentucky State Association of Registered Nurses, Louisville, June 25, 1924.

as is the student nurse, so will the future profession be.

The first requisite then is that the candidate be of sterling character, guided by the inner voice of conscience and lofty ideals. We may do much to call out and develop the good qualities that lie dormant in the human heart, but we cannot give our pupils character, we cannot give them conscience, and if the student nurse is not conscientious, and if her principles of life are not noble, we cannot expect to have a conscientious graduate nurse.

In the words of Florence Nightingale, we might say to our young students,

We may give you an institution to learn in, but it is you who must furnish the heroic feeling of doing your duty, doing your best, without which no institution is safe, without which our training schools are meat without salt.

Ours is a serious work; we are concerned with life and death. Life is a precious thing, God's greatest gift to man, and we must not dream of entrusting it to one whose standards are unworthy any more than we would place so sacred a charge in unskilled or inefficient hands.

When good seed is sown in the garden of the profession, it is the grave responsibility of the nursing schools to provide the atmosphere and environment that will nurture into bloom, the ideals and aspirations of our students. While giving them every incentive and means of attaining the highest possible efficiency in the nursing world, we can do much to encourage and inspire them to all that is good and noble in life. The discipline of the school must be such as will teach them the value of self-control, self-denial, and strength of will.

Students must be trained physically, intellectually and morally. Without this threefold development, nursing education would be sadly neglected. No matter how proficient they may be along material lines, the spiritual side of nursing must hold a prominent place in the training of our students. They must appreciate the value and destiny of the human soul and recognize in the bodies they nurse, the image of God. Everything suggestive of the ideals of nursing must be kept before their minds. Life within the hospital must proclaim more eloquently than words, all that is expected of the nurse and all that our nurses must be. A blending of real strength of character, a broad outlook on life, a love of humanity, sincerity, genuineness,—these must go hand in hand with efficiency. Instruction is indeed indispensable, but inspiration is a far more powerful and enduring factor in any line of education and we must keep before our students the vision of the wonderful possibilities of the true nurse, the privilege that is theirs of lessening the pain and suffering of life.

Someone has said that what the world needs is great encouragers, great inspirers and if we combine this method with instruction in the training of our students we shall reap an abundant harvest of noble, selfsacrificing and devoted members of the nursing profession, skilled and efficient indeed, but predominating and guiding that efficiency, will be found the noble woman, striving after an ideal, happy in her life of service, bringing the sunlight of love and sympathy into the lives of the suffering and afflicted, and lightening their burdens by the joy with which she spends her life for others.

## DAWN

BY VIRGINIA L. MONTGOMERY, R.N.

**D**AWN at Brussels, on October 12, 1915, with the mists of early morning hanging low over wooded hills. Dawn that came unwillingly to lighten up the shadows of a huge stone building on the outskirts of the city and to disclose the outlines of a group of targets stretching away over the hills in the rear.

The ominous silence was suddenly broken by the sound of a sharp command, the clatter of arms and the tramp of heavy boots, and from a doorway marched a squad of gray clad soldiers. In their midst walked two prisoners; a man and a woman. The man seemed nervous as he faced the firing squad, but the woman died as she had lived, heroically, and willing to sacrifice her life to a cause which to her seemed just and righteous.

Her name? Perhaps you have guessed it. It is a name which is famous throughout all Europe, the name of one of the world's most heroic women, mourned as few are mourned, honored by nations, loved by people of many tongues.

Edith Cavell lives in the hearts of her countrymen of England, in the bosom of Belgium, in the soul of France as none other has lived. A woman of high courage, lofty spirit, unfaltering principle, whose example of patriotism and self sacrifice is an inspiration to those with whom she came into contact, and a source of never ending pride to those who share her ideals in the profession of nursing. It is fitting and proper that she be so highly honored.

Every visitor to Brussels, goes to the spot of her execution, oftentimes before they visit any other place. My guide, who spoke perfect English, nodded his head quietly and a look of pride came into his face.

"The place of execution, Mademoiselle!" As we drove swiftly through the city, he said, half apologetically, "You see, I knew her. She helped me to get across the lines. I shall never forget how good she was."

"Tell me about her. I, too, think she was wonderful."

And thus encouraged, he told me why this woman was so loved and revered. In spite of the earnest entreaties of her friends, Miss Cavell risked her life daily in smuggling food and clothing to the prisoners. To all their remonstrances she said that the people were in need of her services and that she knew the penalty for her discovery but thought her life little enough to give if she could do some acts of kindness to ease the pain—or suffering of another. That was her creed, her profession of healing was her religion, and she carried on, serenely unconcerned that her acts of goodness might be directly responsible for her death.

She visited secretly, with total disregard of personal safety, wounded victims. She brought them food and surgical dressings and dressed their injuries. She wrote letters to their families, bidding them to hope for the best, encouraging them to face their problems with renewed strength. She was entrusted with the little keepsakes that

mean so much to the mothers of men, and invariably she managed to get them to their destination, with a little note of condolence in accompaniment. By heavy bribes, she managed to aid hundreds of British, Canadian, French and Belgian boys to escape to safety, with their bodies cured and whole, and their hearts full of gratitude. They called her "the little angel,"—she who followed in the footsteps of The Lady with the Lamp, her eyes seeing visions of her distinguished predecessor, her soul aflame with the same lofty inspiration. No wonder they revere her!

Her own private fortune gave out, but appeals for money from friends brought quick response. She became pale and thin, emaciated and nervous. Her friends insisted that she stop her dangerous tasks, but she laughed at their fears and persisted in obeying the dictates of her determined will. With the shadow of death—ignominious death—hanging over her head, with the cries of the sufferers ringing in her ears, with the finger of suspicion pointing at her as she slipped in and out of the prison on her errands of mercy, Edith Cavell joined the ranks of the Great. She became an exponent of a new era, an era of mercy, of humanity that knows no discrimination, whose emblem is a cross of flaming crimson, whose creed is equality of justice to friend and foe. Her labor of love took some of the hatred out of men's hearts, and filled their souls with understanding. Her sacrifice has been worth while.

We drove down a broad boulevard, lined on both sides with stately trees. No ornate monument marks that place. Bordered by flowers, the little bronze slab in which are imbedded the four

legs of the chair in which Miss Cavell met her death, seems infinitely pathetic. And it is always covered with flowers.

My guide stiffened to attention and I saw tears of emotion in his eyes as he uncovered. The pathos of the scene was touching. After learning the real meaning of the sacrifice of life on the battlefields of France, I was better able to comprehend the meaning of this. All about were visitors, stepping softly on the grass, conversing little, and that little in whispers.

A crippled soldier stood looking at the plaque given by France, just behind the slab. His one good hand smoothed out the tricolored ribbon on the wreath encircling the plaque as he carefully read the printed words. A little child clinging to the hand of a ragged woman in rusty black, tossed a withered wild flower onto the slab where it fell on top of a gorgeous bouquet of hot house blooms carefully placed there by a well dressed man who had driven up in a big limousine. One and all stood silent a moment, after laying down their gift, recalling the memory of a little woman who had served them loyally and who had paid the supreme sacrifice in giving her life for her fellow men. A gift of flowers; a moment's silence. Could there be a more perfect tribute?

Brave deeds are done in the heat and madness of battle; but braver are committed in the places of silence, among the pain wracked sufferers, among the oppressed and hopeless, among the stricken ones who have lost their all. Baubles of gold, set with precious stones, trinkets of metal with gaily colored ribbons are given to indicate



valor and courage extraordinary. But the golden cross of Service, the diadem of Sacrifice, is set with jewels of matchless glory. Jewels in the hearts of people who set aside a little shrine at which they worship in secret and in gratitude, --Jewels, the loving thoughts of those who can never forget. These are real reward for valor and courage extraordinary, and not the machined effort of lapidary and goldsmith, presented by those who—all too soon—forget, once the ceremony of decoration is over.

So she still lives exalted, this little woman, who saw the dawn of a big opportunity and with an understanding heart, picked up the gage. It was not a question of returning healed warriors to the firing line. She did not think of that. She only saw their wounds, their anguish; she remembered those miles away who waited in agony for news of missing loved ones. And only those who have watched and

waited know what it means to hope and fear alternately, indefinitely. Healed, home, happy. The value of that kind of service is inestimable.

So thinks France who has erected a noble memorial in Paris, a spirited picture with the artistic symbolism so typical of the country. A stone wall bears the shadowy figure of an angel with arms outstretched toward the fallen figure below, an heroic representation of Miss Cavell fallen under fire of the enemy, dressed in full uniform and cape, heavy army boots upon her feet, and a Bosche helmet resting upon one limb. So thinks England, with the great memorial statue in London. So thinks Belgium with the greatest memorial of all, a simple slab to which people journey as they would to a sacred shrine, with love in their hearts that is eternal.

In the accompanying illustration, the place of execution occupies the center

of the scene. Miss Cavell was buried in the hills of the background. In the immediate foreground is a huge slab on which are chiselled the names of those who were killed there. Above Miss Cavell's name is that of Philippe Bauco, the soldier whose execution she was forced to watch.

Dawn at Brussels is now laden with the scent of flowers, where once the tang of powder poisoned the air. Dawn and flowers, silence and loving thoughts of a woman who was true to her faith, her profession, her religion. True to herself, to God and man. Edith Cavell you shall never be forgotten!



## OREGON CENTRAL HEADQUARTERS

BY MARGARET A. TYNAN, R.N.

THE achievement of Oregon's State Central Headquarters and Nurses' Official Registry was due to the loyalty of her nurses. Without their coöperation, this vision of a leader would still be a dream.

The suggestion may have come out

of the many problems that confronted us because of our sparsely settled country, or it may have glided in on the wings of advancement, knocking as an opportunity.

On their own initiative the alumnae associations of Portland raised over

\$900 by parties given at their respective schools which were principally attended by nurses. The State Association held a bazaar which netted approximately \$400. With the aforementioned sums, success was assured since the initial expense, which was the furnishing of an apartment, was taken from this fund.

The offices opened on March 1, 1923, with two registered nurses, executive-secretary and registrar, respectively. The year book, the press, letters, card, and a reception on April 7 advertised the venture. The congratulatory returns were most gratifying.

The running expense is approximately \$350 a month, and of this the State Association pays \$75. It was necessary to raise our State dues to \$5 a year. The balance is paid from the registry fund, supported by the private duty nurse, who pays an annual fee of \$10. A committee representing the interests of the alumnae, the districts, and the State Association is responsible for the policy of the headquarters. Our hospitals are generous in their

coöperation. With the exception of one, their registries are at Central Headquarters.

The Oregon State Organization of Public Health has procured filing space; the League of Nursing Education, and the State Board of Examination and Registration for Graduate Nurses are both formulating plans to do likewise, which means the centralizing of nursing activities.

That the public appreciates Central Headquarters is shown by the many inquiries that come from far and near for general nursing information. Calls come from all parts of the Northwest. On January 1, 1924, the records showed that 2,155 nurses had been sent on private calls, that 52 hospital positions had been filled, and that Central Headquarters had supported itself.

To the nurses it has meant a better understanding of their problems and of each other. They realize that our State is willing to be informed and is ready to accept the judgment of the Oregon State Graduate Nurses' Association on nursing affairs.

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#### THE AMERICAN ASSOCIATION OF HOSPITAL SOCIAL WORKERS

The semi-annual meeting will be held in Buffalo, N. Y., October 6-9, in connection with the meetings of the American Hospital Association at the 106th Field Artillery Armory.

The program will include: *Oct. 6, a. m.*, Round Table, Social Diagnosis, Gertrude L. Farmer, Leader; 2:30, Social Service Section A.H.A., Ida M. Cannon presiding. *Oct. 7, a. m.*, Business meeting; *p. m.*, The Social Worker at the Admission Desk, Edith H. Howland. *Oct. 8, a. m.*, Round Table, Training for Psychiatric Social Work, Mrs. H. S. Mallory, Leader; *p. m.*, The Relationship of Social Service to the Physician, Janet M. Geister. *Oct. 9, a. m.*, Round Table, Social Ethics, M. Antoinette Cannon, Leader.

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## INTAKE, OUTPUT AND TREATMENT CHARTS

By SALLY JOHNSON, R.N.

ONE of the objects to be attained by the use of the accompanying forms is to provide sheets upon which may be kept the record of baths, treatments, and of fluid intake and output. The main object, is to aid in placing responsibility for the care of baths, treatments and fluids.

The first step in the successful administration of a ward is to place the responsibility, the second step is to see that each worker knows his responsibility, and the third step to provide some means of recording responsibility discharged. It is with the last step that these forms are concerned. Each sheet provides a space for the initial of each student who discharges a duty.

### THE FLUID CHART

If output is to be recorded, cross off the word "intake." The date is from 12.01 a.m. to 12.01 a.m., in order that there may be no confusion of the midnight date.

Analyzing the first column, under "Smith," the two marks at the right of the name indicate two defecations. The first column underneath the name indicates the hour; the second column the amount; the third column, the initial of the student or orderly who measured the output. The amount is totalled at midnight, or at 7 a.m. This total amount is permanently recorded on the clinical chart. If the voiding is more frequent, the name "Olsen" may be placed elsewhere and two spaces used for one patient. If urine is to be saved, the word "Save" is written in red ink above the patient's name.

This chart is placed on the bulletin board in the Utility Room, and is accessible for inspection by Supervisors and Head Nurses.

As an Intake chart, it appears on the bulletin board of the Diet Kitchen; the word "Output" is then crossed off. The space is not large enough to write the kind of fluid taken, but that is seldom necessary. There is ample room to record the total amount of each meal, and between-meal fluids.

The night nurse writes in the name of the patients on the chart for the new day and totals the chart of the day ending. There are spaces for thirty-three names.

### THE NURSES' TREATMENT SHEET

This is the first printing of this sheet, and we shall probably improve upon it. For instance, the next printing will have the word "Ward" and the word "Date." After the duties, are written the names of the student nurses responsible for those duties, then follow the names of patients, and the nature of the treatments. The hours they are due are written in the proper spaces. In this hourly space the student nurse checks the treatment after it is given and writes her initials.

Checking and initials are done in pencil. By the end of the day the sheets present a much-used appearance, but they are legible, and they are the means of determining just when and by whom many and varied duties were performed. These sheets can probably all be improved and we welcome suggestions.

MASSACHUSETTS GENERAL HOSPITAL  
FLUID INTAKE AND OUTPUT CHART

Note: Record deletion (I) after word "NAME"

WARD

DATE	12:05 A. M.	JULY 7TH
	12:06 A. M.	JULY 8TH

[illegible]

OCTOBER  
1924

## Intake, Output and Treatment Charts

1037

Massachusetts General Hospital  
NURSES' TREATMENT SHEETWd C  
July 17 1924

NAME	TREATMENT	A.M.					P.M.						
		8	9	10	11	12	1	2	3	4	5	6	7
	Ward Temperature Miss Ralph	58				58			38			58	
	11 A.M. Temperatures Miss Ralph					58							
	Medicines Miss Small - Miss Jones <sup>2</sup>	05					05				33		
Taylor	Care of back												
Wooden	Glucose 10% top xyr												
Hrawn	To X-ray for treatment												
Syvertson	Low head-rest												
Evans	Colostomy dressing												
Jones	Dahms sec. each tube												

STANDARDS OF QUALITY IN INSTRUCTION<sup>1</sup>

BY GEORGINA LOMMEN

- A. I. What qualities do we most prize our students?
1. Integrity of purpose which manifests itself in:
    - Participation in discussion and achievement;
    - Candor in expressing opinions;
    - Willingness to assume responsibility for thinking through hard problems;
    - Steady use of studying skills in all learning situations.
  2. Ability to detect different types of reading:
    - Consultative;
    - Cursory;
    - Studious.
  3. Consistent employ of study devices:
    - Tables of contents, prefaces, indexes;
    - Topical or problem organization;
    - Summaries, principles, reviews;
    - Dictionary, encyclopedia, source books.
  4. Ability to judge worth in books:
    - Leadership in authors and publishers;
    - Dominant aims or problems involved;
    - Suitability to particular needs;
    - Style in writing;
    - Employment of illustration;
    - Mechanical make-up, as print, weight, size.
  5. Ability to initiate, pursue and

<sup>1</sup>Outline prepared by Miss Lommen for an Institute for Superintendents and Instructors in Schools of Nursing, Minneapolis, May, 1924.

achieve original problems and studies. The teacher's relation to the development of these qualities is immediate; her special problem is to:

- Stimulate desire for study;
- Break up wrong habits;
- Strive in every recitation to build up the above qualities.

II. *What are the major qualities of excellence in teaching technic?*

1. A conscious appreciation of responsibility for developing in students the above qualities.
2. Ability to stimulate intellectual curiosity in students.
3. Ability to vary procedure, materials, and methods so as to secure all of the desirable ends in learning:

- Knowledge of facts;
- Perfection of skills;
- Creation of vision, tastes, ideas.

4. Ability to get contacts with new materials and new experiences and to use these means for professional and social growth.
5. The mastery of a technic that shall approach art.

Summary of qualities of excellence as suggested by leaders in education:

Dr. Butler: Precision in use of the mother tongue;  
Gentle manners;  
Habits of reflective thinking;  
Power to do;  
Power to grow.

Dr. Palmer: Aptitude for vicariousness;

Accumulated wealth of experience;  
Ability to invigorate life through knowledge;  
Willingness to be forgotten.

(The Ideal Teacher)  
Integrity of purpose;  
Singleness of purpose;  
Open mindedness;  
Willingness to assume responsibility.  
(Democracy and Education).

Dr. Bonser: Health;  
Practical efficiencies;  
Citizenship;  
Wise use of leisure time.  
(Elementary School Curriculum).

B. *Technic:*

- I. A general classification of the various types of teaching aims and purposes:

1. The study lesson aims to help the student to make, strengthen, break, or control habits of thinking and working.
2. The inductive lesson aims to help the student to move out into the new knowledge experiences. (Herbartian concept).
3. The deductive lesson aims to assist the student to organize and interpret knowledge.
4. The drill lesson aims (a) to make automatic certain units of knowledge through repetition, as spelling, number facts, formulae, and (b) to enable the student to reproduce

subject matter units as in memorization.

5. The appreciation lesson aims to determine emotional outcomes as tastes, sentiments, prejudices, enjoyment, ideals.
6. The examination lesson aims to check on achievement and test habits of thinking and working.

References: Strayer and Norsworthy  
—How to Teach.  
Holley—The Teacher's  
Technic.

## II. The drill lesson:

Governing principles.

1. Select materials suited to this particular type.
2. Motivate—create a feeling of social need for the learning.
3. Test first to determine need for practice.
4. Determine probable places of difficulty.
5. Practice—repeat with attention.
6. Make multiple sense appeals.
7. Test again to determine growth in skill.
8. Provide for systematic review and use.

## III. The development lesson:

1. Motivate—show purpose of the lesson assignment.
2. Set up the problems for reading, for discussion.
3. Gather materials to work with: other books, principles, old experiences, illustrations, etc.
4. Organize the readings and discussions into a related whole.
5. Judge the worth of the exercise.

6. Summarize, conclude, gist the materials.
7. Use materials to lead on to new assignment if possible.
8. Provide for originality.

## IV. The appreciation lesson:

1. Appreciation is of two types: aesthetic and social. The first type utilizes those activities classified as art: music, literature, painting, decorations. The second type has to do with the values and needs of human beings, a consideration of how best to live with and serve others. It involves something of the intellectual and it depends greatly upon the appeal of the material used and the inspiration of the teacher for its success.

2. Principles governing development of appreciation:

- (a) The teacher selects material which she enjoys and loves.
- (b) It should be made the "red letter" lesson in a series of learning exercises.
- (c) The presentation should be as emotionally satisfying as it is possible to make it.
- (d) Students should not be required to respond but should be encouraged to voice their response to the materials themselves, the way in which these were handled, and as to what they themselves feel.

## V. Discussion of demonstration lessons.

## WHO'S WHO IN THE NURSING WORLD



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### XXXIX. JULIA CATHERINE STIMSON

**BIRTHPLACE:** Worcester Mass. **PRELIMINARY EDUCATION:** Brearley School, New York City. **COLLEGE EDUCATION:** Vassar College, 1901, B.A. degree; postgraduate work, Columbia University, New York; M.A. degree, Washington University, St. Louis, Missouri, 1917; honorary degree, Sc.D., Mount Holyoke College, 1921. **PROFESSIONAL EDUCATION:** Graduate of New York Hospital Training School for Nurses, 1908. **POSITIONS AND OFFICES HELD:** 1908-1911, Superintendent of Nurses, Harlem Hospital, New York City. 1911, Social Service, Washington University Medical School, St. Louis, Mo., later Superintendent of Washington University Training School for Nurses, Barnes Hospital, St. Louis, and the St. Louis Children's Hospital, as well as administrator of social service. May, 1917,

Chief Nurse, Base Hospital, No. 21, U. S. Army, served with the British Expeditionary Forces in France, April, 1918, Detached duty as Chief Nurse of Red Cross Nursing Service in France. Nov. 2, 1918, Director of Nursing Service, A. E. F. June, 1919, Recalled to United States and appointed Acting Superintendent, Army Nurse Corps and Dean, Army School of Nursing. December, 1919, Appointed Superintendent, Army Nurse Corps. By the passage of the Army Reorganization Bill in June, 1920, received the relative rank of Major. **AUTHOR OF:** "Nurse's Handbook of Drugs and Solutions," and "Finding Themselves." **PRES-ENT POSITION:** Major, Superintendent, Army Nurse Corps; Dean, Army School of Nursing, Washington, D. C.

## EDITORIALS

### OFFICIAL REGISTRIES

THE frank and unbiased discussion of official registries at Detroit brought out very clearly the need of more spacious thinking if our registries are to adequately meet the need of both nurses and communities. So much sincere and painstaking effort has gone into building up these registries that even constructive criticism may easily be misunderstood and yet, only through careful self-analysis can the means of further growth be provided.

How can a private duty nurse know where to register in a town where she has no professional connections? How can a citizen be sure of securing a well qualified nurse when he needs one? Our official registries, registries operated by organizations of nurses, should be answering these two questions through the quality of their service and by suitable publicity, but with a few exceptions, they are lamentably failing to do it satisfactorily. There are several reasons for this long standing condition—a condition which often makes it simpler for the uninformed to get in touch with commercial than with official registries. Among them may be noted the variation in names. Why not everywhere adopt the name "Official Registry," with such additions as seem suitable? Other reasons to be noted are the very general failure to apply sound business methods to the administration of the registries, to utilize the powerful forces of publicity, and most serious of all, perhaps, is the failure to recognize more than a fraction of our obligation to those who are really qualified to

render service to the sick and to those who require nursing. It is our belief that many of our registries are serving very limited numbers as compared with the need of their communities. There are nurses who do not hesitate to say that they receive greater satisfaction from commercial registries than from those under official auspices, and they have often been characterized as disloyal.

This situation is one which must be faced frankly and fearlessly. A registry that is not run on sound and broad-gauge business lines, as well as with due respect for the ethics of the profession and with sympathetic understanding of community needs will never go very far, for just as its service is limited so will the support and coöperation of nurses and of the community be limited. The summary of the discussion of this subject at Detroit, which was published in the Proceedings of the American Nurses' Association, and sent out with the August *Journal* should be read by every private duty nurse and every registry committee.

Sometimes we do not stop to weigh the advantages of the official registry as against the easy privileges of the other. We may name two.

First, in the matter of fees. The Official Registry charges a yearly registration fee which is moderate in amount. It is based on the actual cost of conducting the registry. No one is trying to make of it a gainful occupation. Most commercial registries charge a commission on each case secured through its agency and sometimes a

yearly registration fee as well. The commission continues as long as the case lasts, though it may be for weeks, months, or years,—and there is no redress.

Second, protection against unjust complaints. If complaint is made against a nurse connected with a commercial registry, there is no one to whom she may turn. In an official registry, every complaint made in writing is carefully investigated by the committee in charge. This is a protection to the public as well as the nurse, for if the nurse is at fault, she is not upheld, but if the complaint is unfounded, she has the committee's loyal support. In such a time of stress, a nurse is glad to feel her profession at her back.

A good start toward a sound program could be made by having every official registry listed in the advertising pages of the *Journal*, at the special rates offered now, by study of the Suggested Standards for Official Registries which may be obtained by writing to the American Nurses' Association and of the above-mentioned summary of the discussion at Detroit, and by making a thorough study of the actual amount of illness as compared with the amount nursed through the agency of the official registry in any given community. Private duty nurses are by no means the only nurses interested in the registries, but they naturally constitute by far the largest group. What private duty nurses whole-heartedly and collectively want, they have the power to obtain! The united force of private duty nurses loyally supporting and advancing our official registries would tend to advance our profession in usefulness and in public esteem to an incalculable degree.

Why not make your registry, its place in the community and the service it renders, the subject of careful study this year and on the basis of your findings proceed to make it a vital force in your community?

#### LOOKING UP THE LAGGARDS

THE membership of the American Nurses' Association is imposing. The actual and potential strength of 47,000 professional women is enormous, but it is not a matter for complacency when we know that in 1920, according to the Census, there were about 150,000 trained nurses in this country, a figure that undoubtedly has been considerably augmented by this time. Where are all the thousands of nurses who do not belong? A still more pertinent question is,—Why do they not belong?

It is fair to assume that no state has a one hundred per cent. membership of the nurses within its borders. Therefore the answer to our first question must be that some of the non-members are not very far away from us.

The reasons why nurses do not belong are numerous. Many of them really are laggards—they are busy and they simply have not bothered to take the necessary steps. All such nurses need is stimulation by some enthusiast. Many do not belong because they do not know the aims of the Association and fail to appreciate the value of group influence. These need to be educated. They will have to be shown the results of the massed effort of nurses, in setting and maintaining standards, in securing legislation, in improving the status of nursing and of nurses generally.

All need to be shown that beauty of fellowship which is one of the richest

benefits bestowed. Most of all, perhaps they need to be convinced that what they do and what they think will be enhanced in value through their support of constructive programs.

Indiana's results, recounted in this issue, are brilliant, but knowing something of the spirit of the Hoosier State, we know that Indiana will not be long content with even an increase of thirty-one per cent.

Texas secured splendid results with a slightly different plan. Some of the other states keep the one hundred per cent. goal constantly before them. A good slogan for all states this year might well be, "Every member secure a member."

#### TORCH BEARERS

**S**AID Dr. Charles P. Emerson, at Detroit:

We doctors may emphasize our own importance in medicine, but we know that in the long run it is the trained nurse who will make our knowledge of actual efficient value to the public.

In cold print, this looks like fulsome flattery; but it bears analysis well, for Dr. Emerson was discussing Communicable Diseases,<sup>1</sup> the diseases which still take such awful toll of childhood and which produce so many of the invalids of middle age. In the whole field of nursing there is no more marvellous opportunity than in the care and prevention of communicable diseases, but unless it be in the field of mental nursing, there is no branch of nursing of which the majority of nurses are still so woefully ignorant.

<sup>1</sup> Communicable Diseases, the exceedingly stimulating and valuable address given by Dr. Emerson at the Biennial, may be found in *The Public Health Nurse* for September.

It is stimulating to dwell on the work established by Doctor Chapin at Providence, and on the nursing service so ably executed by Sarah Barry. A true disciple of Pasteur, he there kindled a flame, the flame of medical aseptic technic, from which many a torch has been lighted and carried to other parts of the country. Well we know the generous hospitality shown to nurses who, recognizing their need, go there for light. One by one, the torches are being carried—one here, one there—to illumine centers for the teaching of the care of communicable diseases and presently, from coast to coast, medical sepsis will be the established order in our hospitals for communicable diseases, the nursing service in such hospitals will be immeasurably improved, and increasing numbers of nurses knowing the technic of care and prevention of communicable diseases will enter upon useful service of a high order. We are still far, far from that desirable goal, but if Los Angeles can send the entire breadth of the country for guidance there is small excuse for those at lesser distances.

According to Doctor Emerson, whose address should be read by every nurse, we Americans depend too much on machinery, too much on good hospital construction, and develop too little integrity of purpose among the workers in communicable disease hospitals. It is a severe arraignment, but we take comfort from Miss Wilson's article in this issue, and from our knowledge of the splendid work of the growing band of torch bearers. What can be done in one hospital to educate a community can be done in many others that have not yet painstakingly installed medical aseptic technic.

## A PLEA FOR ADAPTABILITY

IT is several years since W. L. George compared American with English hospitals to our great disadvantage. Mr. George writes with a trenchant pen and, although we have forgotten the title of the article, we have not forgotten our distress over his conclusions. His thesis was that here in America we had allowed our zeal for efficiency in the administration of our nursing services to drive out much of the human kindness that sick folk have a right to expect from those who wear the nurse's uniform.

Efficiency has become a fetich in our national life. Important though it is in nursing, it would be tragic if we allowed it to supersede such qualities as sympathy and understanding. The order of a ward may be obtained at too high a price, the price of comfort and happiness of patients and of the idealism of young students.

Said the director of a public health nursing service, not long ago:

The schools are careful to send me the students with a reputation for keeping their wards in order and for being otherwise highly efficient, but I don't believe I want any more of that sort! They are so impressed with the importance of carrying out a day's program exactly as planned that they miss all sorts of opportunities for real public health work, for teaching health, for making new contacts, and for the incidental helpfulness that give color and richer values to the work in the district.

The author of "The Trained Nurse—a Plea and a Protest" remains anonymous by wish of the editors. We see no reason for branding a particular city with the implied stigma because we know, only too tragically do we know,

that those "horrible examples" could be duplicated in any city. Of course, there is another side to the picture presented in that article. There are at least two sides to every question. For example, of "Number Nine," the author writes "She was a good and a conscientious nurse, but she had been taught that a night nurse *must* give the patient's bath." Alas for our teaching, if it applies only in the hospital where a certain amount of routine is necessary! Alas for our teaching if it makes no allowance for individual differences in patients and in circumstances. Alas, too, for those who, as in this case, suffer from the very intensity of their virtues. The real charge against "Number Nine" is that she is too conscientious to be adaptable! Where lies the basic fault? Is it due to the pressure administrators are forced to put upon many students in the daily effort to accomplish the impossible, or is it due to a certain rigidity in our thinking, that makes right right and wrong wrong regardless of circumstances?

The article in question might properly have been called "A Plea for Adaptability," for that is exactly what it is. Thousands of nurses are in no personal need of that article or this editorial, for their nursing is beyond reproach, but the time and effort will all have been well spent if even the few nurses, who, for temperamental or environmental reasons have erred, take its lesson seriously to heart and begin giving themselves conscious drill in adaptability. A good beginning could be made by asking of each new case, "What should I reasonably want if I were in that patient's place?"

## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

### STEPS IN NURSING EDUCATION<sup>1</sup>

BY LAURA R. LOGAN, R.N.

EVERY institution in the social order needs constant re-examination and re-study to determine whether it is growing in the right direction. For thirty years it has been the work of the National League of Nursing Education to so study and promote the educational development of schools of nursing.

How broad shall the education of the nurse be? Are the education and training, as now given, suited to the limits or ranges of her functions? What limits and ranges are there to her function in society? What shall the minimum standard curriculum be? What shall the distribution of time be between training in nursing practice and the more purely academic educational subjects? How much academic credit shall be given for nursing practice? What shall we seek and what may we expect from the universities in furthering nursing education? These and many other questions are still waiting answers which meet with general agreement and the test of experience.

Fifty years of nursing education of such quality as we have had, have demonstrated the value of the nurse to society, and its manifold need of her. The nurse of the last thirty years has been largely a product of the immediate need of the hospitals, so rapidly increasing. Yet, in many cases, the nursing

instructor and the public health nurse, with only such preparation as these hospital schools have afforded, have met the public need so well and contributed so much, that our schools are asked for an output of such numbers as will supply the unmet demand for the public health field, and for nursing instructors, in addition to the field of so-called private duty, and the ever increasing hospital field itself.

Even such preparation then as our nursing schools heretofore have given has so prepared the nurse that she has been found worthy to be at least "the messenger of health to each individual home." There must have been something very strong and fundamentally right in an educational scheme that has attracted and prepared a group worthy for so important a mission and this is only a part of the responsibility that individuals and groups have found the nurse worthy to carry.

This development of the nurse was due largely, I believe, to the educational value of the actual responsibility for the ward work itself in her student days, an advantage we have had over every other form of education and which it is my hope we may cherish and never forfeit or disregard. For a wide experience in dealing first hand with the problems and practice of any profession are by far the best basis upon which to build original thinking, constructive activity, and to develop executive ability. Training and education must go hand in hand

<sup>1</sup> Address of the President, National League of Nursing Education, given at the biennial nursing convention, Detroit, Michigan, June, 1924.

to produce leadership and to realize our fullest professional usefulness.

The important part the nurse has played in the development of hospitals and in preventive and public health fields has been due also to the type of woman that was attracted to the field. Any group in whose ranks were such women as Isabel Hampton Robb and Jane A. Delano was bound to make large contributions to the social order of the day. But many new occupations have opened to women, and hospitals have grown so rapidly in numbers, that the overburdened schools of nursing left to meet the needs of their nursing services alone, as best they might, have been less able than formerly to exercise as rigorous a selective process in the admission of candidates.

Meantime, nursing, as medicine, has been going through a period of socialization so that more than ever before do we need the finest type of personnel and the soundest basis of scholarship to give us, among other things, proper grasp of the manifold complexities of the present social order, in which we already play so essential a part. It is becoming evident that our contribution as schools of nursing and as nurse educators will be increasing, not only to provide enough nurses for actual nursing care, but also to raise the general standard of excellence, to attract women to our ranks capable of leadership in administration and education.

The nursing school is a very much needed institution. In fact, the need is so great and the field so extensive in which the nurse must minister that it has become a grave problem to determine just what forces can best be used to strengthen the growth of nursing

education and how it should develop so that it may indeed become the strong, vital institution which society needs.

It is being demonstrated that such universities as have developed sound academic and nursing courses have rendered signal service to the communities which they serve in elevating the standards of nursing education and attracting to the nursing profession larger numbers of the type of woman needed for leadership. But still more, such candidates must be attracted and the university school, so rapidly coming into existence, must have increasingly able faculties of nursing.

That the university has much to offer is clear. But the manner of organization, the choice of university departments as ministering most to our development, the curriculum to be outlined, the relation of the university nursing department and the hospital nursing service, these and many other fundamental questions are in a frankly experimental stage. It would be beyond the confines of such a paper as this to enumerate them.

It is queer how the grass always looks greener in other pastures. In our appreciation of the undoubted educational value of the more purely academic university work which we so much covet, I sometimes wonder if we do not fail to justly appreciate that in our hospital nursing services we have an even greater educational asset, if rightly used. The practice field, which other educational groups are beginning to appreciate and earnestly seek has been ours for years. We know its resources and its limitations, its needs and its demands. We have a finely articulated body of rules and regulations and methods for its

conduct. With the conduct of the nursing service of our hospitals, of the dispensary, and the public health field, we are conversant and we are in possession of our field for practice as is no other teaching group anywhere. It exacts a price, as most things do. If rightly used, it is worth all the time and energy it costs. I do not believe our part in it should ever become merely that of a supernumerary teaching group, using the hospital merely as a teaching field, in no way responsible for the actual nursing department. We have not yet begun to exhaust the resources of the great county and city hospitals as we should for training ground.

We are gathered here as a profession tonight, the second largest profession for women in the country. If we believe in our work and its value, if we desire to make a contribution to the betterment of the social order, we should map out thoughtfully the general course of our educational policies and proceed earnestly and single heartedly toward its accomplishment.

Much has been done by the various alumnae associations throughout the country during the twenty-five years which have followed Isabel Hampton Robb's address to the Associated Alumnae in which she urged alumnae groups "to devise practical ways and means for systematic study for the graduate nurse," but there remains much more that may be accomplished.

What an impetus would be given to nursing education if every alumnae association of the 1,700 schools of nursing in this country would each provide, for the next few years, from one to three scholarships and establish loan

funds. If only one graduate of each alumnae group this coming year could be made to feel the need of the further education which makes possible a genuine contribution in any field of education, there would be 1,700 graduate nurses studying for degrees and coming back into the nursing world shortly with Bachelor's or Master's or Doctor's degrees.

Every university in the country desires to serve the state or community in which it is situated. One university president declares the business of a university to be

discovery in every possible realm of human knowledge the useless and useful, fundamental and specifically practical; the dissemination of knowledge by which the largest possible number of people may avail themselves of it, the training of men for service;

He also conceives it to be the business of a university "to develop personalities, personalities that are capable of large participation in life and of large contribution to life." It is chiefly our own fault if we do not seek and avail ourselves of this service.

As a profession we shall not be ready or capable to take our place with other professional groups until the women who administer and teach our schools of nursing have availed themselves of such education and are well grounded in the biological and other sciences fundamental to nursing.

Such a concerted move as I have mentioned on the part of alumnae groups over the country might also take the form of a concerted effort on the part of the nurses of each state to establish chairs of nursing in the state universities, as the nurses of Virginia

are leading the way in their work for endowment to establish a chair in the University of Virginia.

The university which is in your community and which offers sound scientific and liberal arts courses and full participation in every phase and element of college life, will accomplish our purposes best and with the least expenditure of funds. Every well prepared and scholarly nurse who enrolls in such college or university as a regular student and carries with credit regular courses in English, social science, psychology, zoölogy, bacteriology, chemistry, physiology and anatomy, which later she will be called upon to teach, will do more to further the advancement of nursing education in the minds of that community and of the faculties and bodies who control the university wherein she studies, than will many addresses and formal petitions for a university school of nursing. If such a student goes back into the nursing world after graduation and fosters the nursing departments of hospitals, as well as the schools of nursing, she will not only have prepared herself, but those with whom she comes in contact, to see the value of the university education of the nurse.

I believe that each state should have its own university school of nursing, as each state has its schools of law, medicine and education. It should not be a school which owes its connection with the university merely to the need of the university hospital for securing nursing care for its patients. I believe that the better this nursing care is done and the more responsible the part the student nurse takes in it, the better will be her background for educational

development and the greater the likelihood of her future contributions of importance to nursing and nursing education. But we shall not advance nursing education, and we may hinder it irreparably by the multiplication of nursing schools in university hospitals unless we see to it that these schools are really integral parts of the universities' conscious and avowed purpose to maintain in them consistent educational standards and provide as generous opportunities as are afforded other collegiate groups.

Moreover, the nurses who direct these schools should be conversant with university organization, with graduate and undergraduate standards and curricula and with methods of registration. They should be as deserving of the responsibility and rank conferred upon them as are the deans and heads of other college schools and departments. If the majority of the universities and colleges throughout the country can provide themselves with efficient deans and heads of departments, we are indeed a poor profession if we cannot man our university departments with women of equal capacity and education. To this end, and that we may soundly interpret the trend of the social order and our place therein, that we may wisely formulate state laws and regulations, that we may enrich our curricula and make researches and original contributions to nursing education, we also must have masters of arts and science and doctors of philosophy in our ranks. To these may be granted the privilege of defining and demonstrating the cultural values in nursing subjects, in nursing work and also of defining and demonstrating the relative values to

nursing of cultural and more purely scientific subjects.

There is a decided place of importance being given to coöperative education today. Coöperative education is not an easy subject to handle because of the relation of theory to practice. The danger is that we may emphasize one to the detriment of the other.

Other educational groups are earnestly seeking wider practice fields and are asking for still more responsibility therein; any tendency to minimize the value of practice in nursing should be a matter of grave concern to us. Nursing education must always mean more than the acquisition of new knowledge. The nurse must have skill as well as knowledge. We cannot do good nursing except by drill. It is an educational truism that we learn by doing. We must not fail to see the need "of converting the conscious into the unconscious in the performance of a manipulation or the wide educational value of repetition." I believe it will be found that ward work, even the repetition thereof, develops the student mentally to a surprising extent if rightly utilized and taught. It has not been proven, but I am willing to have it set down as my judgment that a student nurse will receive more in actual intellectual development itself in a hospital school of nursing where the academic courses are not particularly strong, but where she really learns expert nursing care in fundamental types of nursing procedure and ward management, than she will with an equivalent of two years of average college work if coupled with too flimsy experience in practice.

It is for our university schools of nursing to solve this problem. Here

we administrators and teachers are close to the real needs of the profession and if we are but soundly prepared educationally we cannot fail to establish courses of undoubted value and practicability and through affiliation meet the needs of the profession in the small hospital, in the special hospital, in the mental hospital and in the community.

We are prone to talk too much about the methods of teaching and not enough about the actual knowledge of the subjects we need taught in our schools. If the instructors' knowledge of the facts behind practice is right, not only will the student nurse acquire skill, but understanding of the day's work. One who cares only for the practice does not solve problems understandingly, but becomes a routine worker only. Both skill and knowledge are a strong combination.

Another important problem for solution is the degree of university credit to be awarded for nursing practice. In order to include in one unit of credit enough of each type of nursing to really become skilled and not merely conversant therein and in order not to consume too large a proportion of the units of credits allotted the academic year, and yet to include a safe minimum of practice we can hardly give more than one unit of credit for one month of practice. Much credit will avail us little if we are poor nurses.

Another problem to be solved by study and research is the question of the best order of theory and practice. Will the most efficient and well rounded attainment come from two years of university work, followed by two or three years of nursing study and practice, or vice versa?

In a profession where our numbers are insufficient to meet the actual present needs, it is a matter of considerable social importance that we arrange the content and order of our theory and practice so as to gain a maximum of efficiency and knowledge in a minimum of time. If a five year course can be so arranged as to produce an expert nurse and include fundamental courses in zoölogy, anatomy, physiology, chemistry, social science, psychology, domestic science and English, as well as nursing subjects proper, and which will also include the content of the ordinary postgraduate course in Public Health nursing, we shall gain at least a year in time when the graduate nurse may be serving the community which so much needs her, or when she may be doing really advanced graduate work. This phase of nursing education, the content of curriculum and courses, and the juxtaposition of theory and practice, offers one of the most interesting fields for research. It is almost untouched to date. Here again I am willing to have it set down as my opinion that we will not go far astray if we see to it that the periods of nursing practice with full responsibility under supervision and the periods of genuine academic work are not too far separated from each other. We shall miss the force of our practice as an educational urge toward knowledge if we do not keep our practice constantly in need of further knowledge for its greater perfection and understanding and keep our theory following closely with its answer to our practical needs and its vitalization of the practice that is ahead.

Nursing then at the present time has the unlimited field for practice which

other fields are seeking. What nursing has to do is to enter the gates of our universities to receive an adequate background. Every state has a university; every religion, its college; and many cities institutes of learning. The courses in these universities are well standardized, and represent a wide range of subjects. Any matriculate may enter these courses for a moderate tuition. One who holds a diploma in nursing has an earning capacity which far outstrips that of any similar group of students in any other field of knowledge, so there is really very little excuse why a large proportion of us should not graduate from universities.

The problems of nursing education in all their varied phases including as they do so many individual problems, problems so widely distributed geographically, socially, and educationally, all of which must somehow be made to fit into a whole, that shall be strong and safe and all inclusive, need both our combined councils and our individual enterprise. That we sometimes differ among ourselves over the parts which go to make up the whole represents the growing points. About the more fundamental aspects and the ultimate ideals of nursing education, there can be no difference of opinion else they are not ultimate ideals.

The working ideals of the whole must constantly undergo gradual re-interpretation as the parts which make it reconstitute themselves. Here we need the combined council of us all that the whole may more truly represent its parts; that the ideals and principles we formulate and work by may really embody and reflect that perfection toward which we can strive but never fully

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attain, that all differences of opinion may be lost and that wholeheartedly and full of faith and in humility we may each seek to do our part toward its fulfillment east, west, north and south—in the big schools and in the little ones, in the great experimental and growing centers and in the wide expanses and remote places where the day's work is

often so well done and the handicaps so great.

We have much to encourage us, much to be proud of, everything to work for. Let each of us "hitch our wagon to a star," for by that same token it may be given to many of us to make fundamental contributions to nursing and nursing education.

#### NOMENCLATURE<sup>1</sup>

BY BLANCHE PFEFFERKORN, R.N.

THE derivation of words, their usage, and changes in usage, make an interesting study. We hear an object or condition described by a particular term; if this experience is repeated a sufficient number of times, in neuro-anatomical terms a new fibre tract is established, in physiological terms a reaction is acquired to a new stimulus, in the language of psychology a new association has been created.

In the past sixty or seventy years a new condition based on scientific findings has developed in our social and educational life, with emphasis in its early stages on curative nursing, and more recently with an equal or greater stress on prevention of disease and promotion of health. This movement was in the beginning and is still largely centered in and around the hospital. Furthermore, the early preparation for professional nursing in conformance with the period and the practice in other such systems, took the form of an

apprenticeship training. These two facts explain in a large measure the terms and phrases commonly used to describe nursing education and its component parts. Tracts, reactions and associations have been established. Biologically, we resent innovations; our inclinations are toward the functioning of paths already set up.

Believing that the time had come when a careful examination of the terminology concerned with nursing and nursing education was indicated, the National League of Nursing Education, at its annual convention at Swampscott, last year, appointed a Committee on Nomenclature, with Helen Wood, Marion L. Vannier and Blanche Pfefferkorn as members. The function of this committee is defined in the revised by-laws of the National League of Nursing Education as follows:

To recommend for use in the announcements of Schools of Nursing and all other literature and discussion pertaining to nursing education a system of terms and phrases corresponding to that used in colleges, technical and professional schools, and thereby to promote a better and wider understanding of nursing as a professional education, of the

<sup>1</sup> Report of the Committee on Nomenclature of the National League of Nursing Education, read at the Detroit convention, June, 1924.

entity of Nursing Schools as educational institutions and of the hospital in its relation to the program of nursing education.

The report of the Committee submitted at the convention in Detroit consists of the following recommendations:

1. Discrimination in the use of the term "training" upon the principle that "training" and "education" do not represent identical processes and that "training" may occur without education. As a corollary to this statement would be the

- (a) Substitution of the term "nursing education" for "nurse training."
- (b) Substitution of "school of nursing" for "training school."
- (c) Substitution of "nursing practice" for "practical training."

2. Discard of the use of "hospital" and "school of nursing" as synonymous terms, clearly indicating the relation of the hospital to the program of nursing education as a laboratory for clinical nursing practice.

3. More general use of "student nurse" for the undergraduate body of a nursing school.

4. Use of the term "student service" for any service given by student nurses, reserving the term "nursing service" for that of the graduate nurse body.

5. More general use of either "director" or "principal" ("director" preferred) and less of "superintendent" of School of Nursing. Also discard the term "directress."

6. Discard of the term "practical nursing," the term to take its place indicated under 1 (c).

7. Careful analysis of the term "educational director" as descriptive of a nursing school faculty member. Does

"educational director" indicate primarily administrative or teaching responsibility? It would seem to imply direction of the educational policy of the school. If this be true, what is the function of the "director of the school?" Is the term a misnomer to the extent that the educational director is largely the teacher who, with the principal, takes some share of the responsibility for the school program?

8. Discard of the terms "instructress" and "theoretical instructor." What is a "theoretical instructor?" The connotation might well denote one who teaches theory. Does this apply to the instructor who teaches the sciences underlying the practice of nursing? If so, is that term, too, not a misnomer? Is good teaching possible with pure theory and without application, whether it be in the classroom or in the wards?

It is recommended that "instructor" be used for all types of teachers, with such added description as is indicated by their duties. If she is teaching one subject only, such as anatomy and physiology, designate her as "instructor in anatomy and physiology"; if teaching several such subjects, as anatomy and physiology, bacteriology and pharmacology, "instructor in sciences"; if teaching nursing practice, "instructor in nursing practice."

Moreover, the fact that there seems to be more or less current the idea that the so-called "theoretical instructor" is of a higher level than the "instructor in nursing practice" is in all probability somewhat the result of the use of the term "theoretical instructor." The Committee is of the opinion that the nomenclature recommended would do

much to correct this impression and to establish a more general understanding that the difference in preparation for these types of teaching should be one of kind and not of degree.

9. Discard the term "probation period." The Committee was unanimous in its expression of the undesirability of the term "probation period." Two members of the Committee favored "preliminary course or period"; the third member of the Committee questioned the need of setting apart any section of the program by a particular name. The argument made for the term "preliminary period" is that it includes certain subjects largely accepted at the present time as part of the work to be covered in that period. Upon this majority expression, the Committee recommends the use of the term "preliminary period."

10. Concerning titles for text and reference books, there are "Materia Medica for Nurses," "Chemistry for Nurses," "Bacteriology for Nurses," and many more. Is there a specific type of science for nurses? Then, too, are these books written exclusively for graduate nurses? Their titles might so indicate.

In connection with titles for textbooks, there came recently into the hands of the Committee books with the following names: one "Handbook for Mental Nurses," another "Children's Diseases for Nurses."

11. Other terms which came under discussion, but to which the Committee desires to give more consideration be-

fore making definite recommendations, are "supervisor" and "head nurse."

For "supervisor," suggestions are "coördinator," "advisor," "teaching supervisor," "supervising instructor."

One member of the Committee suggests that if there are to be two types of supervisors, one concerned with administrative work and the other with teaching, we should differentiate between the two by the use of "administrative supervisor" and "teaching supervisor." This opens the question whether there is a place for these two classes of supervisors in the school organization, which matter of administration will affect the term adopted.

12. Concerning "postgraduate," the term as commonly used in nursing education has a significance entirely its own. For often it refers to work taken during the postgraduate nursing period rather than to quality of work; and too often the graduate nurse needs to take work which rightfully belonged to her in her undergraduate nursing course. "Complementary or supplementary courses" more nearly describe the actual conditions. The Committee at this time recommends the use of "special courses for graduate nurses" to cover work of such character.

13. Another term to be discarded is "shift," as referring to change in personnel of either student nursing service or graduate nursing service.

The above recommendations the Committee believes represent but the beginning of a study which it hopes will in time do much toward accomplishing the purpose for which it was created.

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The Nurses' Association of China is planning to have several delegates at the meeting of the International Council of Nurses in Finland in 1925. One of these, a Chinese nurse, will be sent by Chinese nurses who are already raising the necessary funds.

## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR  
*Director, Nursing Service, American Red Cross*

### INFLUENCES THAT ENDURE

NOT infrequently Red Cross nurses write that they are discouraged by the apparent lack of results in their work. But fruits of their effort are certain though they may not themselves see them. They may go on to fresh fields—the stimulus of their example, their spirit, and their efforts live on when they have departed. A letter from Athens shows what a Red Cross nurse can achieve with a group through sheer force of example. In 1920 Mrs. Charlotte Heilman, preceded by other Red Cross nurses, including Miss D'Olier, who had laid the foundation of the work, went to Athens to help promote school nursing and infant welfare. She continued the work with a group of volunteers who at her suggestion later banded themselves together. For want of a better word they called themselves "alumnae" and became known as the Child Welfare Alumnae Association. They still continue to foster interest so that other volunteers came forward. Today there are sixty-five, forty-six of whom actually work in the stations.

Miss Alex Sofianos, secretary of the Infant Welfare Committee, writes to Miss Noyes, who visited Athens when she made her European tour of inspection:

Were you here, you would be interested in seeing how the alumnae have helped to increase the volunteers' interest in the Baby Welfare, working as one body, meeting regularly and exchanging ideas, which benefits both the workers and the work. Mrs. Heilman, our beloved leader for three years, succeeded in transmitting to us some of her wonderful

energy, zeal and love for the work; also part of the optimism which so characterizes her. Organizing the alumnae was one of the best things she did for the work.

Last Christmas, as the result of one appeal, two hundred and nine Christmas baskets were distributed to the most deserving cases among the 2,000 babies under the Committee's supervision. And as the result of another idea—Miss Zacca's, a Greek nurse trained in America and an American Red Cross nurse, who has been first advising and then working in connection with this work in Athens since 1919—a little coat was given to each bigger baby and a wrap to the smaller ones.

Further evidence of the results of Mrs. Heilman's work was given in a health prize competition. The mother's coöperation was taken into consideration as well as the baby's health and condition. It was "a regular fete." The speeches narrated how infant welfare work came to be started in Greece. "When Dr. Lambadarios," writes Miss Sofianos, "spoke of America and said that the American Red Cross and its nurses were the missionaries of this great work in Greece, the mothers cheered loudly."

One of the alumnae conceived the idea of a Needle Work Guild (which now has forty members) to be the source of a regular income replacing dependence on donations. It has done splendidly, volunteers clever with their fingers undertaking fine needle work, knitting, crocheting, etc. Occasionally paid workers have to be employed rather than refuse orders. Since the inception they have

paid off a debt of 1,500 drs., have material in hand worth 1,308 drs., have given 200 drs. for two Christmas baskets and 800 to the Melyssa for layettes. Another branch of this Alumnae is the Melyssa, which sews clothes for baby welfare and makes garments for refugees.

#### RED CROSS NURSES IN INDIA

Many vivid and telling ideas of the work carried on by American Red Cross nurses in various lands come to National Headquarters from time to time. Miss Noyes' Christmas letter drew replies which until quite recently continued to arrive from those members of our big Red Cross family resident in far-away regions. Comments and extracts within the past few months have told in these columns part of the story of their busy lives in the picturesque, if bleak, refugee-ridden, disease-stricken countries of the Near East; in the beautiful, sunny islands of the blue Caribbean Sea; in the tropical luxuriance of the Philippines and among the natives of South Africa. Letters from the far part of the Far East are as graphic as any. Later, aspects of life in widely different parts of China will be taken in their turn but first, those from an Oriental land as ancient and as interesting—India.

Jennie Reilly, Red Cross nurse, who is Superintendent of Nurses at the Clough Memorial Hospital under the American Baptist Telugu Mission, encloses with her letter a well-illustrated handbook of the hospital which is situated less than two hundred miles from Madras in the Madras Presidency. It tells a wonderful story, for the hospital is the joint gift of the East and West. Hundreds of the poor Telugu Indians of

the Christian faith, in memory of their missionary father, J. E. Clough, gave offerings the day the fund was opened, which amounted to more than the equivalent of 32,000 days' work. Americans in the United States then took up the task. The first contributor here was a member of the Marcy Avenue Baptist Church, Brooklyn. The Government of Madras and the Rajah of Vekatagiri gave the land and contributed also money and stone. Another Indian donated a large rest house. Europeans, Africans and the principal castes of India helped in its construction. It is said the richest man in the world and, probably, the poorest both aided in the transformation of "a great waste into a beautiful compound dotted with splendid buildings, marked out by well made roads and covered with luxuriant trees." The Governor of Madras, ruler of 42,000,000 people, attended as the guest of the Mission in December, 1919, and in the presence of 7,000 people laid the tablet in the main hall. He took dinner that night at a table where sat Americans, Englishmen, Anglo-Indians, Scotchmen, Irishmen, Canadians, Mohammedans, Brahmans, Swedes, Norwegians and Russians. Miss Reilly says:

Our work here is pioneer and we are only laying the foundation of what we anticipate will be a big work in the coming years. Three years ago I opened the first ward and for some time we used it for all our women's and children's work. Then the next year as soon as the masons and carpenters had left it, we opened the first ward on the men's side of the hospital. Hospitals in India are always divided into two separate departments, male and female, and one department is run entirely separate from the other. Customs and caste make this necessary, so in this general hospital we have one side of the

compound for the men and the other for the women with a seven foot stone wall in the middle.

Now we are using five wards and our large new dispensary. We have organized a Nurses' Training School and a course for compounders, both in the vernacular. \* \* \* Last year I organized a Red Cross Society for our Indian women and it has been a great boon. \* \* \* We are allied with the British Red Cross and our women are very much interested in all departments of the work. \* \* \* My first class of nurses go up for their Government exams this coming February and then, each year, I hope to have always a class ready for this event.

The teaching is entirely in the vernacular, so that makes it a bit more difficult for those who teach. As yet it is not possible to find nurses who can take over the teaching work, so that must be done by the two American nurses and this, only after you have secured enough of the language to get the thoughts over to them. \* \* \* I have two fine operating room nurses to which I have given individual attention for two years, as in the beginning it was impossible to get anyone who knew anything about this important work. We are planning now to open up some outpatient dispensaries in the villages around here and perhaps next year before I return to America I shall have something to report on this new work.

We have three months of quite nice weather, six of hot, and three when almost all of the white folks go to the hills to escape the scorching winds. I have managed to remain here through two seasons. \* \* \* Medical work must be carried on whether hot or cold, so we usually divide up the time unless some of the staff become ill as has been our lot for two years.

Patients mauled by man-eating tigers, bears and panthers are frequent at the hospital under the American Lutheran Mission in a jungle 2,500 feet above sea level, of which Agatha Tatyé has charge. This American Red Cross nurse is also in the Madras Presidency, but in the Eastern Ghats many hundreds of miles

from Madras with the nearest railway station, Salur, 102 miles away. In a poor district where malaria is most common and which is frequently visited by famine and its attendant diseases, Miss Tatyé is still facing the aftermath of the World War. When she went to Kotapad two years ago with a few other workers to take up the task of rehabilitation, she found a big mission field depleted of its workers and buildings either in ruins or much dilapidated as a result of seven years' forced neglect.

She writes:

At one end of this compound there is a building that had been used as a dispensary and small hospital. We reopened the dispensary in December with an Indian sub-assistant surgeon in the work but, as he must live in the building we hope to use as a hospital, until his house is built, we are forced to crowd any very bad cases into one or two small rooms in the dispensary. This is very unsatisfactory, as you can well imagine.

Where had been a flourishing girls' boarding school with 300 girls is now a makeshift school—the only one for girls in the entire field of 25,000 Christians—accommodating 32, which number was to have been increased to 50 after the summer vacation. A further paragraph in Miss Tatyé's letter explains why she is concerned with the school:

As for nursing, well, I have really no material to draw from yet, even to begin a training school. There are but a few women who have been educated up to the fifth standard (equivalent to fifth grade grammar school), and these are mostly married women. Two are employed as teachers. So before I can have a nurses' training school, I must educate some girls. \* \* \* If I continue here for some years I shall hope to build up a training school in time. Pioneer work is a bit discouraging at times but truly a work of faith.

Alice C. Harris, another Red Cross

nurse, takes us from Southern India many hundreds of miles north to the historic city of Lucknow in the United Provinces of Agra and Oudh, where she now is. She was transferred last summer from the Mission Hospital at Bareilly to the oldest women's college in all India—the Isabella Thoburn. Here she is nurse for the girls, taking also classes in home nursing, hygiene and sewing. The Government and Americans have also coöperated here to give them a fine new plant. She writes:

It means six immense buildings when all are finished, with a nice hospital and dispensary included. They are made of brick, with thick walls to keep out the heat in summer and the cold in winter. These bricks are covered with white plaster, making them look very attractive against the blue Indian sky.

Some weeks ago we had a flood in Lucknow and many villages were washed away. I was called out to help and for several weeks the students and I worked finding the sick and getting them to the emergency dispensaries and giving out milk and food to the babies and sick people. \* \* \* After the flood was over the Viceroy and Lady Reading visited us and at the garden party the group who helped to relieve the suffering during the flood was especially commended by Lord Reading.

I have now been in India nearly four years and in 1925 I come back to America.

In those same United Provinces is yet another Red Cross nurse, Loraine L. Vickery, who is Superintendent of the Clara Swain Hospital, Bareilly, under the Methodist Episcopal Mission. This hospital for women and children accommodates 200 patients. An American doctor, Dr. Esther Gimson Bare, is in charge. Miss Vickery has charge of twenty pupils, and one graduate, nurses who "do very well considering the little

education they have had." She continues later:

It is fearfully interesting and horribly confusing how each patient brings her entire family to the hospital with her. Each patient must arrange for her own food, so she must have some one to do the cooking. Just back of the hospital, a couple of yards from each patient's room, is a place to make a fire and do the cooking. But it is all my disposition is worth to get them to cook outside the rooms. They always cook right inside their own one-roomed homes, sleep, eat and have their chickens, cows, etc., in it, so they don't see why they shouldn't do the same in the hospital.

As she says further on, they certainly have to use their brains in order to ensure supplies:

If we have few cases, then the nurses make supplies. Our supplies are made from rags which are left from the school girls' clothes. In our mission school the girls' clothes are furnished and they receive two dresses and underthings twice a year. Therefore, twice a year, we get a big bundle of rags. We certainly are glad of them. Out of pieces of cloth called "chadders," with which the girls cover their heads, we make bandages, because they are long pieces of cloth. For absorbent cotton we buy a rough yellow cotton and boil it in soda, which makes it absorbent. For applicators we use the little sticks from curtain-like things called chicks, made of long fine pieces of wood held together with cord. When they wear out, we break off the little pieces of wood and put cotton on the ends.

My heart goes out to the Indian women. They have so little in their lives. The Christian girls have much more freedom than the Mahommedan or Hindu girls, but even they are not allowed out of their compound after dark. They go off the mission compounds only for Church, Sunday School and prayer meeting. And to these they must march two by two, not allowed to say a word. They always sit in curtained pews in the Church and after the service they wait for my signal to march out and back to the hospital compound. Once in a great while we take them for a walk, but even then they are marched in silence.

## DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

### SELLING HEALTH THROUGH SANATORIA

By MARY C. CAMPBELL, R.N.

**S**UCCESS in any line of salesmanship demands that the salesman have absolute confidence in the product he is selling, plus the necessary information regarding the advantages to be derived from the purchase of the product by the trade.

In the present instance the product is HEALTH. The set-up for business is: the sanatorium, the wholesale house; the patients, the retailers; their families and contacts, the trade. The medical directors of the sanatorium would be the owners of the wholesale house and the superintendent of the sanatorium, the sales manager.

Good health gained and maintained by a well balanced program of hard work and recreation, good food at regular intervals, sleep in the open, etc., are valuable assets for the sales manager, for it is easy to convince the retailer (your patients) that the food you are serving and urging them to eat is good food if you, yourself, are working hard and maintaining your body weight on it. If they, at rest, cannot do likewise, then the fault is their disease, and you score one for your product, good health.

We might divide the sanatorium patients (the retailers) into three groups:

1. The larger group who come to the sanatorium knowing exactly what they want and expecting you to supply their wants. They need to be restored to health in the least possible time and returned to normal activity with a

knowledge of how to carry on their daily work and still keep well.

2. The second group who have suddenly become ill and come to the sanatorium with the attitude of the Irishman who was working on the top of the barn, lost his balance and started to fall. As he toppled over he prayed, "Lord help me." On the way down he caught a rope and added, "Never mind now."

3. The third group are the patients who pay no attention to any advice given them, but feel that if they can do something that the doctors or nurses do not know about, they are getting along splendidly.

To the first group we teach the meaning of rest and why they should rest. We teach them what they should eat; get them accustomed to outdoor air and being comfortable, even if the air is cold and damp. Perhaps, too, we can convince them that in most cases the skin will tolerate cold water if allowed to come in contact with it every day. We get them to control all non-productive coughing, to cover the mouth when coughing, to burn the sputa, etc. We give them all the literature available to emphasize what we are teaching, for it carries considerable weight if the patient gets the same idea from a book written by a successful worker on the other side of the country, even though he has never seen the author.

During this time we are becoming

better acquainted, and soon learn about the family and friends at home. Some one at home does not feel well and we are besieged with questions as to what he should do. Thus, every day, in every way, we endeavor to show the patient that in addition to regaining his own health he is to be a worker in his community when he returns, helping others with what he has learned. All this group of patients requires is proper oversight and advice, and they make ideal retailers to successfully distribute our product of health to the trade.

The members of the sanatorium organization must work together regardless of the particular piece of work that belongs to them. She who opens the door when the patient enters, or hands him his package when he leaves, is as valuable, as important, a member of the staff, in her way, as the sales manager. To promote this esprit de corps on the part of the sanatorium workers requires much thought and effort on the part of the sales manager, but it is necessary if the best results are to be obtained.

The second and third groups present a much more difficult problem. They need our product as much as does the first group, but they do not know they do. They must be shown. The person who comes down with a copious hemorrhage or a severe attack of pleurisy, as a rule, recuperates rapidly. They catch the rope that breaks their fall. They soon feel very well. But the tuberculous process heals slowly and extra precaution must be taken to convince them that they are not as well as they seem.

One argument, so plain that "the wayfaring man, though a fool, may not

err therein," is to compare the infected area in the lung to a wound on the hand. Constant irritation of this wound will prevent healing. At our every day work we breathe from 16 to 20 times a minute. That means from twenty to thirty thousand scratches a day over the irritated area. If by rest, we can eliminate two respirations a minute, we have 2,880 less scratches in one day. This, together with the elimination of all unnecessary coughing, means considerable rest. (And the best remedy for coughing is to simply stop,—don't do it. It is a bad habit and like most bad habits can be overcome, if taken in time.)

After you have convinced these people that your product is worth while, they make just as good retailers to the trade, as the first group. But they should never get outside the sanatorium until they realize their danger and responsibility, because there is a danger of a recurrence of the disease, as well as a spread of infection, and we believe that "an ounce of prevention is worth a pound of cure."

In the group of contacts we find people who have thought of tuberculosis only as a remote thing, greatly to be feared. They have taken no further notice of the problem until some member of the family is stricken with the disease and taken to the sanatorium which they then feel it is their duty to visit.

We are all familiar with the visitor who cautiously enters the sanatorium grounds and with extended hand proffers the basket of dainties which she would like the nurse to carry to a dear one. When the visitor is informed that she may call on her friend she is

alarmed! She might catch something! When asked how she expects the sanatorium staff to go on without "catching something," she does not quite know. Here exists a splendid opportunity for "selling health," and if the sales manager is on the job, the visitor delivers her basket in person, she has a pleasant time with her friend and goes away from the sanatorium with some food for thought. She has learned a valuable lesson, and she will be a good advertising medium.

The sanatorium increases its usefulness in the community where it is lo-

cated, if it takes a live interest in all civic affairs, whether it be the community club, working for the elimination of weeds, prevention of the cutting of natural shrubbery, a garbage disposal plant, or city officials engaged in a road building program, improvement of school buildings, or what not. If the sanatorium can be counted on for assistance in such work, we in turn may expect to interest the community in our program and the tuberculosis problem will be solved when every single person in his or her place coöperates in the business of buying and selling health.

#### "GIVING THE MOTHERS A CHANCE"<sup>1</sup>

THE work of the Division of Maternity, Infancy and Child Hygiene has grown steadily during the last six months, an additional nurse being added to the staff early in March, making a total of seven. The entire time of these nurses is devoted to prenatal and child welfare work.

Coos, Carroll, Rockingham, Belknap, Sullivan and a part of Grafton and Hillsboro Counties are now covered by a nursing service.

One nurse is devoting her entire time to prenatal work in a section of the city of Manchester.

Increasing numbers of mothers are availing themselves of the service offered them through the Educational Department of the Division and write in for help. Every letter receives an answer, and whenever indicated, a nurse visits the home and gives whatever help is required.

May Day was observed in each county by a Child Health Conference.

During the winter the nurses continued to visit the homes of babies and children of preschool age and succeeded in getting many of the defects corrected or under treatment that had been found as a result of the physical examinations made at the conferences held during the previous summer and fall.

In five of the counties, mothers' classes were formed and instruction was given in prenatal and child care. The film "Well Born" was used in classes and in hospitals to illustrate what we mean by prenatal care. This film has proven entertaining as well as instructive.

The emergency obstetrical package has been placed in 26 towns. Groups of women came together and received instructions in how to prepare and sterilize the package for use. The materials for three packages were given free of charge with the understanding that this group of women would be

<sup>1</sup> NEW HAMPSHIRE — State Board of Health and The Federal Children's Bureau for the six months ending June 30, 1924.

responsible for the work in the future. In one town, twelve packages have been used since February, and in the majority of towns the physicians have been glad to avail themselves of this service.

Since May 1st, 26 child health conferences have been held in the State. Our doctors receive a small sum for giving their time, and are all greatly interested in the work. It has been very gratifying to note the number of defects that have been corrected or placed under treatment during the winter. The conferences will continue to be held until the snow makes this work impossible.

The women of the State are beginning to understand the meaning of prenatal care. We lost no opportunity of telling them in groups and individually what prenatal care is and why every woman should receive it.

We have added two small machines for showing slides to our Exhibit Department. This department is much used by the Public Health Nurses and Health Organizations in the State.

A growing interest in the State program is being taken by the public health nurses; the feeling that each nurse can do a great deal to make the work a success has gradually been developing. Several sectional groups have recently asked for a talk on prenatal care and are anxious to help in every way.

The local nurses have given invaluable assistance before and during the conferences, bringing the children and telling the mothers what a benefit to the children a physical examination is.

The nurses of the New Hampshire Tuberculosis Association give generous help in the Maternity and Child Welfare work, and are always present at

conferences to take histories, meet the mothers, weigh and measure children, etc.

At each conference an exhibit on prenatal and child care is arranged; this always attracts much attention. One nurse is detailed to explain the various articles and posters to groups or to individual mothers. As a rule, a short talk on some phase of child care is given by the physician or a nurse during the conference.

We are endeavoring to give every baby and child of preschool age one thorough physical examination once during the year in the counties where we are at work. This has been accomplished in several towns.

A two weeks' Health Institute was recently held; this was well attended by public health workers in the State and much interest was shown in the lectures and demonstrations on prenatal and child care. All of the staff nurses were present during the entire institute. Conferences and institutes of this nature are most important, securing the good will of the workers and creating interest in the work.

It is necessary in the county work to cope with many situations that in the cities are left to social workers. Material relief must frequently be arranged for and family matters adjusted in order that the mother may receive proper care and attention. Arrangements must be made for confinement, and it is frequently necessary to hunt about in order to find a woman willing to enter the home and care for the mother and family.

All of these duties are cheerfully performed and are a daily part of a Maternity and Infancy nurse's work.

## STUDENT NURSES' PAGE

### COMMUNICABLE DISEASE NURSING: ITS APPEAL TO STUDENT NURSES

BY RUTH E. W. KEESEY

*Presbyterian Hospital, Philadelphia*

WITH the possible exception of hospitals for mental diseases, probably no other institutions have been surrounded by so much ignorance and superstition as have hospitals for communicable diseases. The belief that germs were air-borne has only recently been dislodged from the most scientific minds, and it is still firmly rooted in the minds of the general public. It seems as though the prevalent belief is that epidemics of communicable diseases are sent by the powers of darkness and are therefore beyond human control. Just as in every other health movement, nurses take their places in the front ranks, if the problem of contagion is to be wiped out.

It is believed that the situation has not been met before, simply because training in the care of patients with contagious diseases has not been part of the nurse's education until recently. When a nurse, through her own experience, sees the many little lives sacrificed and by her own knowledge realizes the seriousness of the complications which may result from inadequate care, she will no longer hold back, but will give herself gladly to this work.

With intelligent habit formation and the coöperation of all individuals concerned, aseptic technic has proven most successful, when strict attention to detail has been carried out. It has allayed many of the fears of infection

from, and the transmission of, these diseases.

This work does not merely mean caring for the sick, but the opportunity for implanting good health habits, a high standard of morals and worthy ideals into the minds of America's future citizens. Every nurse's personal slogan should be, "The greatest service I can render to my fellow-men." We can not estimate the far-reaching result of such a group of properly trained nurses in a service to the thousands of children who, every year are victims of contagious diseases?

Who can sit back and be content without a knowledge of contagious work, when it is so vital a question? Shall she feel that she is not very much interested, that her sister nurses can very well take care of the work and she will, so far as possible, keep herself free from probable infection and the inconvenience of its nursing? Is that service, or is it selfishness, egotism?

Having a knowledge of the work, there is much to be done to educate the general public. Knowing that prevention must begin in the home, that is the place to lay the foundation for this education. The mother is told of the significance of minor symptoms; a cold, a slight sore throat, or a headache—minor, indeed, it may seem to her, nevertheless a warning signal.

In the case of illness, where it is possible for the children to be cared for

at home, the nurse helps work out a plan of isolation. She shows the mother how to care for them, and tells her of the complications that may result so she will be alert.

Every mother who is capable should feel that it is her responsibility to have her children cared for in the home when so situated that she can do it. Hospitals for contagious diseases are frequently taxed beyond the adequacy of their nursing force. Is it realized that this means the possibility of cross-infections, which is just as much deplored in these hospitals as is wound infection in a general hospital?

With the coöperation of the student nurses in giving conscientious service, through their attention to detail, the problem can be solved by the application of medical asepsis. It has been definitely proven that in wards where medical asepsis is carried out, cross infections are extremely rare. Is it not then worth while and are not great hopes for the future justifiable?

Many parents do not report the case to a doctor for fear their children may have to be sent to the hospital, which they regard with a feeling of dreadful superstition, even though it is impossible to care for them in the home without detriment to the family and community. The beginning of many epidemics can be foreseen, the great cost of good health undermined, through lack of proper care, the sacrifice of young lives due to ignorance, as well

as the economic loss associated with it. Aseptic technic is the weapon that must be used to combat and overcome this prejudice.

Together with the professional opportunities there are great personal advantages to the nurse. From an ethical standpoint, it develops mental alertness and an ever increasing moral perception of integrity. As in any other phase of life, success is attained only by concentration and perseverance.

In public health work her ideas of prevention are stimulated and made more keen through the training. She recognizes the relative importance of the little things which mean so much; for instance, the fingering of our currency, the contaminated street car and train, with the many things involved.

Becoming interested to this degree, her standards of personal hygiene are raised. She realizes more fully the effect her life has on that of the community. She finds many to whom she must teach the value of fresh air and sunlight with cleanliness and the proper care of food. Into the minds of the children must be instilled constructive ideas of health and what may result from the bad habit of putting their fingers in their mouths, of eating with unclean hands, etc.

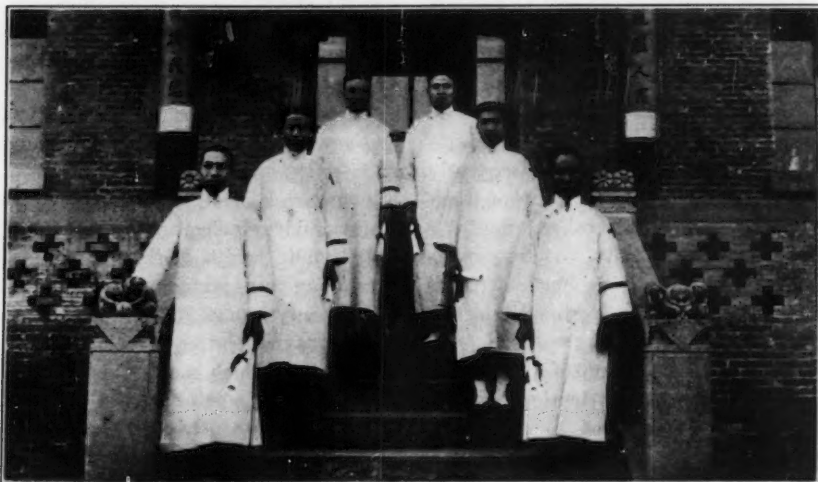
The reward for the answer to this urgent call to duty need not be emphasized. Now is the time for a nurse's opportunity. How many will prepare themselves for this greater service?

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*Study of Infantile Paralysis.*—Exhaustive research to determine the nature of the bacillus of infantile paralysis is being undertaken under the direction of Dr. Milton J. Rosenau of Harvard University, with the aid of a grant of \$12,000 a year for three years from the Harvard Infantile Paralysis Commission. For seven years the efforts of the Commission have been concentrated upon the after-care of infantile paralysis cripples, the number of whom in the United States is estimated at about 100,000.—*The Nation's Health.*

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.



### GRADUATION DAY IN SHANSI, CHINA

**D**EAR EDITOR: You may like to see a picture of our first class to graduate, four of whom received the N. A. C. diploma (Nurses' Association of China). One is doing public health work, which is much needed here in the interior of China, and we are quite happy about it, for don't we know what our public health nurses do at home?

Smith-Barton Hospitals A. M. A.

(Note the black band on the sleeve of each graduate!)

### HOSPITAL DAY IN CHENGTU, CHINA

**D**EAR EDITOR: We held our celebration on May 10 and 11, as more convenient for the general public and the students. The three hospitals, Men's, Women's, and Dental, celebrated together. The printed invitations with a Red Cross heading were sent to all mission and government schools, to public offices, civil and military, and to business men. Two of the papers published them. On Saturday afternoon, after inspection of the hospitals, a program for women guests (1,000), was given by two nurses who told of the aims of the nursing

profession and the benefit of a hospital to the community. The visitors at the men's hospital were given a written history of the hospitals. The Military Medical School came in a body of over 70 students. Several girls' schools also came in a body. The operating rooms, laboratory, X-ray department and the manufacturing department of the drug room were the best attractions. Samples of tooth paste were given after seeing the demonstration. The people were excited, many having never seen a hospital or a foreign building before. They had also heard many things of what went on which were not true, but which made them anxious to see for themselves what it really was like. Two old ladies, one with snow white hair and one blind, came at the same time into the main hall and wouldn't go on. They said that they had never in all their lives seen such a big building so clean and airy and they wanted just to sit down and enjoy it all. As the people left, we handed them tracts on Opium, Personal Hygiene and Tuberculosis, etc. In the evening, an illustrated lecture on Hygiene was given. Over 3,000 people visited the hospitals! On Sunday a church service was held with a program

of music, prayers and speeches. The two Schools of Nursing, one for women and one for men, walked up the central aisles of the church in uniform to the tune of "Onward Christian Soldiers."

L. G. H.

"BETTER QUALIFIED NURSES FOR A MORE HEALTHY WORLD"

DEAR EDITOR: During the convention of the National Federation of Business and Professional Women, held at West Baden, Indiana, in July, I was surprised and disappointed to note among those present, so few nurses. There was much that would have been helpful to them as well as to the large number of representatives engaged in other professions and in business, I feel very strongly that nurses should ally themselves with those organizations dealing with other walks of life in order to get an understanding of their problems and to broaden by contact with others. The nursing profession has, more or less, drawn circles around itself and become clannish. Unlike the business woman who has had to burst the shackles of prejudice and batter down the closed door before she gained the threshold, the nurse has never had the gate of opportunity closed in her face because of her sex. All she had to do was to prove herself preëminent in her exclusively woman's sphere—nursing—and the rest was only a matter of passing through. But as calmly as she passed through, she retrated into a room just beyond, lettered the door, "For registered nurses only" and shut it. Then she ignored the knocking of those who did not wear the symbols R. N., who were therefore ineligible to join the exclusive circle, and I wonder whom she is hurting most, herself or those denied admittance. In order to have a well rounded personality one must have an equal mixture of work and play, study and relaxation. Because I advocate other alliances than nursing to nurses means that no excuses like the old bromides "I haven't the time" or "I'm too tired" are acceptable. They are like trying to avoid paying a penalty for an infraction of the law by pleading ignorance of the law. Every nurse should have a hobby and learn to ride. Business women are learning that a certain

amount of relaxation and an avocation are indispensable to good health and maximum business production. Nurses should learn the same lesson in a different way. They preach healthful habits, but do they always take the time to practise them themselves? The choice of hobbies is wide and varied. Go to it.

"Better business women for a better business world" is a splendid slogan for the business woman, and "*better qualified nurses for a more healthy world*" is a good slogan for nurses. Our only right to existence is through and by service and the most highly qualified nurse is the one most highly and broadly educated, plus the vocational opportunity. She only can give the best service who is best prepared. She only has the right to wear the little white cap who is best prepared to render more than the service her profession demands and expects. She must be the living exponent of all the little white cap stands for, symbolic of mercy and faith, sympathy and understanding. A living disciple of those who first lighted the candles and illuminated a dark and pain-wracked world.

If nurses must be exclusive creatures, if the sign must stay put on the door, let us by all means, have the door ajar and look out into other paths at times, extend a helping hand to the ones who are struggling with problems they cannot solve alone, and dig into the four corners of the earth for information and knowledge. Find a kindred soul who enjoys the same hobby as you and start a garage or a home for homeless cats, soar into the clouds or collect beetles, it is one and the same thing if it takes you away from your vocation and fills you with fresh inspiration. Other influences, other hobbies, other sources will leave ineradicable traces upon you. In spite of yourself you will learn and broaden. You will be a person worth the knowing.

Pennsylvania

V. S. M.

IMPRESSIONS OF THE CONVENTION

DEAR EDITOR: There were about one hundred and fifty student nurses registered at the Convention in Detroit. I was one of the lucky ones. Have you realized, fellow students, how important we are? I

am in a small Connecticut training school, but my school feels that student nurses should receive something besides the inside hospital training, and so two of us were sent to the Convention. Other training schools must agree, for there were student nurses from Kentucky, Colorado and from further distances. The education and welfare of student nurses was one of the topics much discussed. Of course, they are interested in us, for are we not the future nurses of America? Will there not be tasks uncompleted and problems unsolved that we shall be called upon to finish? Therefore, it is up to us to prepare ourselves for our future work and to maintain the high standards of the nursing profession that our predecessors have founded for us. It was like a wonderful dream to attend the general sessions and to see an immense auditorium filled to capacity with nurses. There is something about a group of nurses that sets them apart from any other group, although I could not tell you just what. It was inspiring to see their eagerness and earnestness in the problems of their profession. And then the addresses were worth mentioning to you. Who would not think it a treat to see and hear Dr. George Vincent, Dr. Charles P. Emerson and Dr. Haven Emerson, men we have heard and read about but hardly dared hoped to hear? And who wouldn't feel it a great privilege to see in person the leaders of our profession and to hear discussions on the workings of the different groups of nursing? The Students' Banquet—it was held in McLaughlin Hall, Harper Hospital, and I am sure there was no other banquet which excelled it. The courtesy with which our Michigan fellow students greeted us put us quickly at ease and we soon were conversing freely with each other. The tables were arranged to form the letter "M" and it was such fun as each girl gave her name, her training school, and its location. Then we were entertained during the dinner by a pro-

gram that would shame many a vaudeville act. Mary M. Roberts of the *American Journal of Nursing* was our guest and addressed us most interestingly. I am sure I shall never forget my trip to Detroit and I am planning to attend the next convention in 1926 at Atlantic City. Are you going?

Connecticut

ANTOINETTE WILCOX.

## THE STORY OF THE PRETZEL

DEAR EDITOR: Some one asked why the pretzel is used on the stickers for the Pennsylvania State meeting. Berks County, Pennsylvania, of which Reading is the county seat, has as its chief population the descendants of Germans. Naturally, a number of their customs are with us, one of these is the use of pretzels. This delicacy has finally established itself in their affections and Reading has become known as "Pretzel Town," because it has become the principal source of supply. In "A Book of the Black Forest," by A. E. Hughes, the author speaks of the people of Kandren and Lower Weisenthal in Southern Germany, making the *bretzlen*, a kind of very crisp roll of richly browned bread, shaped into a circular knot enclosing two smaller loops. These are supposed to represent the ropes with which Christ's hands were bound before the crucifixion, and they were first baked only in Holy Week. This is the story of the pretzel.

Pennsylvania

E. J. H.

## JOURNALS ON HAND

A. Louise Kinney, County Public Health Nurse, c/o Court House, Fargo, N. D., will send, for postage, Journals for November and December, 1919; January, February, April, May and June, 1920; April, July, October, November and December, 1922. Also, *The Public Health Nurse* for the year 1920 with the exception of November; and February and November, 1921.

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**Alabama:** THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the Registration of Nurses in Birmingham, Oct. 22-23; in Montgomery, Oct. 23-24; in Mobile, Oct. 23-24. All applications and credentials, with photograph, must be filed with the Secretary-Treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, 1808 7th Ave., N., Birmingham, Ala. Kodak pictures will not be accepted.

## QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

29. Will you please publish the first four states to pass the nurses' registration bill and the date of each?

According to Miss Boyd's book, *State Registration for Nurses* (now out of print), the first four states to secure registration were: North Carolina, March, 1903; New York, April, 1903; Virginia, May, 1903; Maryland, March, 1904.

30. To what extent should a nurse observe nursing ethics when she sees another nurse neglecting a patient?

The first consideration of any nurse is the welfare of the patient. If a patient is being

neglected by another nurse, it is the duty of the nurse who observes this neglect to report the fact. How, when, and to whom she is to report it, depends on circumstances. In many a case, one tactful and kindly nurse may make her comment directly to the nurse who is careless without carrying the matter further. If the patient is in a hospital, the superintendent of nurses is the proper authority. If the patient is in a private home, the physician is the natural authority. Only in an extreme case, where there is no other way of remedying the matter, should the case be reported to the patient's family.

## OUR CONTRIBUTORS

**Edith B. Wilson, R.N.**, is a graduate of the Los Angeles General Hospital, where she is now busy putting her principles into practice.

**Ina M. Gaskill, R.N.**, President of the Indiana State Nurses' Association, is a graduate of the Eastman Hospital School for Nurses, Indianapolis. After seven years of private duty nursing, Miss Gaskill took up public health and tuberculosis nursing work and finally was appointed Director of the Department of Public Nursing for Indiana. During the war she served as Chairman of the State Committee on Red Cross Nursing Service.

**Virginia L. Montgomery, R.N.**, is Superintendent of the Industrial Hospital of the Congoleum Co., Inc., at Marcus Hook, Pa. She is a graduate of the Chester Hospital School of Nursing. During the war she was a member of the Navy Nurse Corps in active service.

**Margaret A. Tynan, R.N.**, can write understandingly of Oregon's Central Headquarters, since she has been for a year Secretary of the State Central Headquarters and Nurses' Registry Committee. She is a graduate of St. Vincent's School of Nursing, Portland. She has done private duty and laboratory work. She had overseas service with Base Hospital 46, and for the past two years has been record librarian at St. Vincent's.

**Sally Johnson, R.N.**, a graduate of the Massachusetts General Hospital, Boston, has been Superintendent of Nurses at the Peter Bent Brigham Hospital, Boston, and at the Albany Hospital, Albany, N. Y. She is now Superintendent of the School of Nurses at her Alma Mater. Miss Johnson is well known for the wit and clarity with which she discusses problems arising at our national meetings.

**Georgina Lommen**, Assistant Professor of Education at the College of Education, University of Minnesota, is a welcome speaker at institutes held in that state.

**Laura R. Logan, R.N.**, President of the National League of Nursing Education, assumes this fall her new duties as Director of the Illinois Training School, Chicago. For further details, see *Our Contributors*, August, 1922.

**Blanche Pfefferkorn, R.N., B.S.**, is a graduate of Johns Hopkins School of Nursing and of Teachers College, Columbia University. She is Executive Secretary of the National League of Nursing Education, and Chairman of the Committee on Nomenclature of that Association.

**Mary C. Campbell** is a graduate of the Buffalo Homeopathic Hospital. She has done private duty nursing and has held a number of administrative positions, including that of Superintendent of the Pierce Sanitarium, Portland, Oregon.

## THE AMERICAN HOSPITAL ASSOCIATION

Twenty-sixth Annual Conference, October 6-10, 1924, 106th Armory, Buffalo, N. Y.

### PROGRAM

#### October 6

- 9:00 a.m.-2:30 p.m.—Registration, Lobby of Armory; Exposition, Drill Hall of Armory.  
2:30 p.m.-4:00 p.m.—Small Hospital Section, Charlotte Jane Garrison, Des Moines, Iowa, Chairman.  
Tuberculosis and the Small Hospital, by T. B. Kidner, National Tuberculosis Association.  
One Solution for Bringing Metropolitan Services to Small Country Communities, by Denver M. Vickers, M.D., the Mary McClellan Hospital, Cambridge, N. Y.  
Round Table Conference conducted by Miss G. Gruver, Superintendent, Davis Hospital, Pine Bluff, Arkansas.  
Topics (a) Securing of Probationers, (b) Educational Standards for Nurses, (c) Allowances to Nurses While in Training, (d) Training School Affiliation, (e) Personnel for a Fifty-Bed Hospital, (f) Purchasing, (g) Laboratory Fees, (h) Case Records.  
2:30 p.m.-4:30 p.m.—Out-Patient Section, Frank E. Wing, Chairman, Boston, Mass.  
Report of the Out-Patient Committee, Alec N. Thompson, M.D., New York.  
Opportunities for Health Education in Out-Patient Clinics from the Point of View of (a) The Public School, (b) The Public School Officer, (c) The General Medical Practitioner, (d) The Dispensary or Out-Patient Clinic.  
8:00 p.m.-10:00 p.m.—Opening General Session, Ball Room Statler Hotel.  
Invocation.  
Address of Welcome.  
Response, Daniel D. Test, M.D., Pennsylvania Hospital, Philadelphia.  
Address of the President, Malcolm T. MacEachern, M.D.  
The Hospitals and the Workmen's Compensation Laws, John A. Lapp, Chicago.  
Hospital Publicity, Ralph W. Keeler, New York.  
Our Responsibility to the American Hospital Association, Robert Jolly, Baptist Hospital, Houston, Texas.

#### October 7

- 9:30 a.m.-11:00 a.m.—General Session, Theatre of Armory.  
The reports of most of the technical committees of the Association will be officially presented at this session by the various Chairmen briefly, then referred by the President to the appropriate sections for full consideration and discussion.  
The Intern, Nathaniel W. Faxon, M.D., Rochester, N. Y.  
Buildings, S. S. Goldwater, M.D., New York.  
Foods and Equipment for Food Service, F. R. Nuzum, M.D., Santa Barbara, Cal.  
Accounting and Records, A. C. Bachmeyer, M.D., Cincinnati, O.  
Cleaning, C. W. Munger, M.D. Valhalla, N. Y.  
Clinical and Scientific Equipment and Work, K. H. Van Norman, M.D., St. Paul, Minn.  
General Furnishings and Supplies, Margaret Rogers, Lafayette, Ind.  
Out-Patient, Alec N. Thompson, M.D., New York.  
Relation of Hospitals to Public Health Activities, Albert S. Hyman, M.D., New York.  
Training of the Hospital Administrator, F. A. Washburne, M.D., Boston.  
Legislation, E. T. Olson, M.D., Chicago.  
Building Codes, Charles F. Owsley, Cleveland.  
Training School Budgets, George O'Hanlon, M.D., New York.  
Cancer Control, Ernest P. Boas, M.D., New York.  
Relation of Governmental Bureaus and Departments to Hospitals, Clarence E. Ford, Albany, N. Y.  
Hospital Library and Service Bureau, Donelda R. Hamlin, Chicago.  
Nominating, C. J. Cummings, Tacoma, Wash.

The Relation and Responsibility of the General Hospital in the Care and Treatment of the Special Groups of Patients: (a) Tuberculosis, H. A. Pattison, M.D., National Tuberculosis Association, New York City; (b) Psychiatric, William C. Sandy, M.D., Bureau of Mental Health, Harrisburg, Pa.; (c) Incurable, Rev. H. L. Fritschel, Milwaukee Hospital, Milwaukee, Wis.

2:30 p.m.-4:00 p.m.—Administration Section, Theatre of Armory, Ralph B. Seem, M.D., Chicago, Chairman. Discussion of Reports of Committees on Intern, Accounting, Relation of Hospitals to Public Health. Dietetic Section, Ball Room of Armory, Lulu G. Graves, New York, Chairman.

Discussion of Committee on Foods.

The Economy of Modern Methods in Study and Treatment of Diabetes, George Baehr.

Unified Dietary Service of a Hospital, Kate Daum.

8:00 p.m.-10:00 p.m.—Dinner, Ball Room, Hotel Statler.

Address, Hospital Origins, S. S. Goldwater, M.D.

October 8

9:30 a.m.-11: a.m.—General Session, Theatre of Armory.

The Hospital in Relation to the Health Department, Henry A. Rowland, Department of Health, Toronto, Ontario.

Round Table Conference conducted by Joseph C. Doane, M.D., Philadelphia General Hospital, Philadelphia.

Topics (a) The Per Capita Cost and Its Value as a Comparative Unit in Hospitals, (b) The Hospital in Relation to the Community Needs, (c) Unit Cost of Hospital Services, (d) Economies in Hospitals, (e) Securing and Keeping Interns, (f) Organizing and Managing the Out-Patient Department of a Hospital, (g) Functions of Medical Social Service Department in a Hospital, (h) Filing and Use of Case Records, (i) Humanizing and Popularizing the Hospital, (j) Improving the Nurse's Training, (k) Hospital Supplies and Central Service System, (l) Reducing Fire Hazards in Hospitals.

2:30 p.m.-4:30 p.m.—Administrative Section, Theatre of Armory, Ralph B. Seem, M.D., Chicago, presiding.

Discussion of Committee Reports on Cleaning and on Clinical and Scientific Equipment. Reports of sub-committees, (a) Diabetes, Its Treatment by Insulin, Franklin R. Nuzum, M.D., (b) Physiotherapy in Hospitals, Charles E. Stewart, M.D., (c) Laboratories in Hospitals, S. G. Davidson.

2:30 p.m.-4:30 p.m.—Trustee Section, Ball Room of Armory, Henry J. Fisher, New York, presiding.

Discussion of the Report of the Committee.

Hospital Organization from the Point of View of the Medical Staff, David L. Edsall, M.D.; of Community Relations, Sidney L. Schwartz; of Community Support, William J. Norton.

8:00 p.m.-10:00 p.m.—Administration Section, Theatre of Armory, Ralph B. Seem, M.D., Chairman.

Discussion of Reports of Committees on Furnishings and Supplies, Training of the Hospital Administrator, Legislative, Cancer Control, Relation of Governmental Bureaus and Departments to Hospital.

8:00 p.m.-10:00 p.m.—Nursing Section, Ball Room of Armory, Jean I. Gunn, Toronto, Chairman.

Discussion of report on Training School Budgets.

To What Extent Should a Hospital Depend on the Students of the School of Nursing for the Nursing Service of the Hospital? Helen Wood, Rochester, N. Y.

Relation of the Superintendent of Nurses to the Board of Trustees, Mrs. Carl H. Davis, Milwaukee, Wis.

Is the Preparation of the Student Nurse for Special Branches the Responsibility of the Training School?

October 9

9:30 a.m.-11:00 a.m.—General Session, Theatre of Armory, President MacEachern presiding. The Teaching Function of a Hospital—(a) Some Special Problems of

Teaching Hospitals, John A. Hornsby, M.D., (b) Possibilities of Post-graduate Instruction by Non-Teaching Hospitals, W. P. Morrill M.D., (c) The Hospital as a Teaching Centre for Nursing, Adda Eldredge, (d) Observation Courses for Hospital Executives, John M. Smith.

- 2:30 p.m.-4:30 p.m.—Social Service Section, Theatre of Armory, Ida M. Cannon, Chairman.  
Application of Social Service to the Problems of the Small Hospital, Mrs. Martha J. Megee, Harrisburg, Pa.; The Relation of the Patients' Library to the Social Service Department, Perrie Jones, St. Paul, Minn.
- 2:30 p.m.-4:30 p.m.—Construction Section, Theatre of Armory, E. S. Gilmore, Chicago, Chairman.  
Discussion of reports on Buildings and Building Codes.  
Planning and Construction of Laboratories, C. J. Cummings, Tacoma General Hospital, Tacoma, Wash.  
Planning and Construction of Contagious Disease Hospital, Paul W. Wipperman, M.D., Decatur and Macon County Hospital, Decatur, Ill.
- 8:00 p.m.-10:00 p.m.—General Session, Auditorium, President MacEachern presiding.  
What Is an Efficient Hospital? C. S. Woods, M.D., St. Luke's Hospital, Cleveland.  
The Development of the Alameda County Hospital Plan, R. G. Broderick, M.D., San Leandro, Cal.  
The Relation of the State and County Hospital to the Prevention and Care of Disease, John R. Morrow, M.D., Bergen County Hospital, Ridgewood, N. J.

#### October 10

- 9:30 a.m.-11:30 a.m.—General Session, Theatre of Armory, President MacEachern presiding.  
The Hospitalization of Infectious Diseases, D. L. Richardson, M.D., Providence City Hospital, Providence, R. I.  
Round Table Conference conducted by Asa S. Bacon, M.D., Chicago—  
(a) Which is better, dressing patients in the wards or taking them to a central dressing room? (b) Do you fumigate after contagion and why? (c) Should nurses take oral orders from a physician? (d) How can our hospital beds be kept full? (e) Can a high standard nursing efficiency be maintained in a hospital giving a two years' course of training? (f) Should the Association have a section for women's auxiliary boards? (g) Should general hospitals have a psychiatric department? (h) Should records be kept in the dietetic department regarding the patient and diet? (i) Should ward patients be permitted to smoke in the wards? (j) Is standardization of bed linen desirable? (k) Is it advisable to put all unpaid bills in the hands of a collector? (l) Is a water softener an economy in a hospital laundry and power plant? (m) Should economic responsibility be vested in the heads of the various departments? (n) How to account for missing articles and valuables of the patient? (o) What should be the attitude of a hospital (not a teaching hospital) towards a staff member who asks for an intern to be assigned to him exclusively and who is willing to finance this intern? (p) What is understood by an endowed room? What are the privileges of a person endowing a private room? (q) If through a mistaken diagnosis another patient contracts the disease and has to be quarantined for a period of time, is the hospital obliged to care for the patient free of charge or should the attending physician, because of his mistake, be compelled to pay the hospital charges? (r) Should a school for the training of hospital executives be speeded up and should it be a university course? (s) Should the superintendent be invited to all staff meetings? (t) What temperature is the index between an infected and a non-infected obstetrical case?
- 2:30 p.m.-4:30 p.m.—General Session and Business Meeting, Theatre of Armory, President MacEachern presiding.  
The Status of the Budget in the Operation of a Hospital, Frank E. Chapman, Mount Sinai Hospital, Cleveland, Ohio.  
Some Fundamental Problems in Hospital Administration, E. M. Blue-stone, M.D., Mount Sinai Hospital, New York.  
Final business, election returns, etc.

## NURSING NEWS AND ANNOUNCEMENTS

### THE AMERICAN NURSES' ASSOCIATION

In accordance with the resolution which was adopted at the January 1924 meeting of the Board of Directors, that a new system of bookkeeping be established, the Treasurer was authorized to confer with the auditors as to the best system suitable to our needs. At the time of the biennial meeting in June, 1924, the Treasurer was authorized to proceed to the Headquarters office as soon as possible to establish this system. The members of the American Nurses' Association will be glad to learn that this has been accomplished. This completes the transfer of all the mechanical work in connection with the office of the Treasurer. Henceforth, checks for annual dues from State Associations and other members should be *made payable to the American Nurses' Association and sent to the Headquarters office*, 370 Seventh Avenue, New York, N. Y. Please bear in mind that checks should *not* be made payable to the order of any individual, but should always be made payable to the order of the American Nurses' Association.

### NURSES' RELIEF FUND

#### REPORT FOR AUGUST, 1924

Balance on hand, July 31, 1924	\$11,160.57
Interest on bonds	45.00
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	\$11,205.57

#### Receipts

California: Dist. 2, \$13; Dist. 4, \$38; Dist. 5, \$93; Dist. 9, \$72; Dist. 11, \$5.50; Dist. 12, \$70; Dist. 15, \$1; Dist. 16, \$6	298.50
Connecticut: Middlesex Hosp. graduate nurses, \$41.50; State Nurses' Association, \$50	91.50
District of Columbia: Graduate Nurses' Association	108.00
Florida: Riverside Hosp. Alum. Assn., Jacksonville	16.50
Illinois: Anonymous	10.00
Iowa: District 9, Mercy Hosp. Alum. Assn.	16.00
Maine: Maine General Hosp.	25.00
Michigan: Individual member	5.00

Minnesota: Member Asbury Alum. Assn., Minneapolis	1.00
Montana: Bozeman Deaconess Hosp. Alum.	5.00
New Hampshire: Sacred Heart Tr. Sch. Alum. Assn.	25.00
New York: Dist. 1, individual member, \$5; Dist. 4, \$8; Dist. 6, A. B. Hepburn Hosp. Alum. Assn., \$18; St. Lawrence Hosp. Alum. Assn., \$43	74.00
North Dakota: State Nurses' Association	26.50
Ohio: Dist. 4, Charity Hospital Alum. Assn., \$25; Fairview Park Hosp. Alum. Assn., \$15; Dist. 13	
\$1	41.00
Tennessee: Chattanooga, \$93; Knoxville, \$73	166.00
Wisconsin: Dist. 2, \$2; Dist. 9, \$15	17.50
Wyoming: State Nurses' Assn.	15.00

\$941.50

Check returned (applicant deceased) 15.00

Total receipts \$12,162.07

#### Disbursements

Paid to 49 applicants	\$730.00
Printing and stationery	62.35
Exchange on checks	10
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Total disbursements	792.45

Balance on hand, August 30, 1924	11,369.62
Invested funds	83,951.57
	<hr/>
	\$95,951.57

Note:—The Nurses' Relief Fund of the American Nurses' Association wishes to make a correction in the report of the Fund for June, 1923, in that the North Dakota Nurses' Association made a contribution of \$39.50 which was made in May of the same year.

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y.

If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

REPORT OF THE ISABEL HAMPTON  
ROBB MEMORIAL FUND  
TO SEPTEMBER 10, 1924

Previously acknowledged	\$28,875.84
Missouri: Fourth Dist. Assn., \$1; Protestant Hosp., Alum., St.	
Louis, \$5	6.00
Nebraska: First District Assn.	5.00
Total	\$28,886.84
MARY M. RIDDLE, Treasurer.	

REPORT OF THE McISAAC LOAN FUND  
TO SEPTEMBER 10, 1924

On hand at last report	\$333.68
Illinois: Illinois Training School Alumnae, class of 1904	14.00
Missouri: Fourth District Assn., \$1; Protestant Hosp. Alum., St.	
Louis, \$5	6.00
Nebraska: First District Assn.	5.00
	\$358.68
Loan made	\$200.00
Loan made	100.00
	300.00
Balance	\$58.68
MARY M. RIDDLE, Treasurer.	

Checks to the two funds should be made out separately to the order of Mary M. Riddle, Treasurer.

**Important Notice.**—For the present, all contributions should be addressed to Mary M. Riddle, care of AMERICAN JOURNAL OF NURSING, 19 West Main Street, Rochester, N. Y.

Constant requests for scholarships and loans have to be refused. If every State Asso-

ciation would give \$25 a year; if every District, \$10; and every Alumnae, \$5, many more students could be helped to secure the education needed to fit them for better service to our profession.

INTERNATIONAL COUNCIL OF NURSES

**What:** The International Council of Nurses is planning an International Congress for Nurses.

**Where:** At *Helsingors, Finland, July 20-25, 1925.*

**Who:** Nurses belonging to the American Nurses' Association, which is a member of the International Council, will have an unusual opportunity to meet prominent nurses from all five continents.

**Transportation:** The Transportation Committee is negotiating with *The Cunard Steamship Co., Ltd.*, for one of their ships to sail direct to Helsingfors should the numbers warrant. An alternate plan under consideration is via steamer to England with a short stop at London before proceeding to Finland.

**Cost of Trip:** New York to Helsingfors, one way, \$152.00 to \$160.00. If special accommodation, such as private bath, is desired, a supplement to the fare will be charged. Return fare, by cabin steamers, from France or England to New York varies from \$120 to \$135 and up.

**Special Trips** after the Congress are being arranged and will be published in the professional nursing journals.

1. Are you planning to attend the Congress in Helsingfors? (Please state "yes" or "no")

2. What countries do you wish to visit after the Congress in Helsingfors?

3. About what date do you expect to return to the United States?

4. Will you be prepared to pay an installment December first of \$50.00; February first, \$50.00; April first, \$100.00 and the remainder, including cost of post Congress tours, three weeks before sailing from America?

5. The estimated minimum expense from New York to Helsingfors and return—a month trip—including passport, board and lodging in Helsingfors will be about \$400.00.

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6. Please return this card filled in before *November first*, if you wish to avail yourself of this special opportunity.

In order that there may be a large attendance of American nurses at the Triennial Congress of the International Council of Nurses to be held in Helsingfors, Finland, July 20 to 25, 1925, and in order that attractive rates may be secured, the American Nurses' Association has appointed a Transportation Committee for this purpose. In formulating the plans with the Cunard Steamship Company, Ltd., to provide a steamer, the committee was advised that it would be necessary to determine at an early date the approximate number of nurses who plan to attend the Congress.

On August 9, a letter was sent to State Associations belonging to the American Nurses' Association requesting their coöperation in sending out to every member a printed postcard furnished by the Cunard Steamship Company, Ltd. It was also requested that a committee be appointed to handle deposits on tickets and other details.

Twenty-eight associations replied promptly, as a request was made that replies be forwarded not later than September 1st. It is to be noted that only about one-half of the membership of the American Nurses' Association has returned the letters. We urgently request that the states that have *not* returned the letters do so at once, even though they can state only that they are unable to give any assistance in making plans for the meeting.

The Steamship Company *must* have a tentative figure by November 1st, in order to arrange for the necessary accommodations to make everybody comfortable. Also the number going will determine the rate which the Steamship Company can allow. We urgently request the states that have not responded to let the Secretary of the American Nurses' Association hear from them promptly.

#### ARMY NURSE CORPS

During the month of August, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Eustis, Va., 2nd Lieut. Margaret E. Aaron; to Army and Navy General Hospital, Hot Springs,

Ark., 2nd Lieut. Lila A. Condon; to Station Hospital, Fort Leavenworth, Kans., 2nd Lieuts. Margaret C. Wang, Sara A. McLoughlin; to Letterman General Hospital, San Francisco, Cal., 1st Lieuts. Anna B. Carlson, Elizabeth Harding, 2nd Lieuts. Alice A. Becklin, Lillian Doyle, Margaret Dwyer, Sara F. Kern, Blanche H. Eager; to Station Hospital, Fort McPherson, Ga.; 2nd Lieuts. Katherine Burns, Mary U. Curran; to Columbia University, New York City, 1st Lieut. Ruth I. Taylor; to Station Hospital, Fort Oglethorpe, Ga., Elizabeth A. Hagerty; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Maude Moore, May Dixon, Aniceta A. Sullivan; to Station Hospital, Fort Sill, Okla., 2nd Lieut. Elsie H. Wolford; to Station Hospital, Fort Totten, N. Y., 2nd Lieut. Catherine Lynch; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Maude Bowman, 2nd Lieuts. Jennie V. Hartwell, Mabel M. Lesley, Katherine L. Jones; to Station Hospital, West Point, N. Y., 2nd Lieuts. Ethel F. Carson, Joan B. Ray, Nellie E. McGovern; to Hawaiian Department, 2nd Lieut. Martha F. Stewart.

Orders have been issued for the separation from the service of the following named members of the Corps: Rosella Clancy, Mary Fahoney, Bonnie Farmer, Edith M. Hintze, Edna C. Meekins, Maude Moore, Elizabeth B. Murphy, Fannie Quarles, Sara Riley, Mary G. Sandes, Mary Shelton, Myrtle L. Payne, Mary R. Shellroy.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps.*

#### NAVY NURSE CORPS

##### REPORT FOR AUGUST

*Transfers:* To Annapolis, Md., Elizabeth S. Shaver; to Annapolis, Md., Naval Dispensary, Elizabeth Hoag, Chief Nurse; to Brooklyn, N. Y., Anna M. Setley, Faye E. White, Hilma Knudtson, Teresa Weigand; to Great Lakes, Ill., Henrietta Wiltzius, Gertrude M. Burke, Alma G. Stianson; to League Island, Pa., Margaret A. Morris, Edith Burgess, Sophia V. Kiel, Chief Nurse; to Mare Island, Calif., Helen A. Russell, Chief Nurse, Elizabeth L. Tope; to Newport, R. I., Julia T. Coonan, Chief Nurse, Ruth B. Mentzer; to

Norfolk, Va., Lillian M. Ward, Marilla Berry; to Puget Sound, Wash., Olga A. Osten; to Parris Island, S. C., Laura M. Nygren, Madge Solomon; to Pensacola, Fla., Elsie S. Ohlson, Annie Hamilton; to Port Au Prince, Haiti, Virginia A. Rau, Chief Nurse, Katherine V. Sheehan, Helen M. Wamsley; to San Diego, Cal., Amelia M. Saumweber; to Tutuila, Samoa, Ellen M. Hodgson, Chief Nurse, Isabella Gilfillan; to U. S. S. Relief, Margaret W. Barnes, Caroline V. Graham, Ruth E. Martin; to Washington, D. C., Katherine M. Gallagher, Chief Nurse, Laura T. Shies, Leobelle S. Wilfert, Nancy A. Erwin.

*Honorable Discharge:* Mabelle S. Torgeson.

*Resignations:* Julia Moehr, Mary S. Compton, Lillian Bowie, Elsie Flippin, Genevieve C. Jones, Helen J. O'Brien, Helen C. Houser.

J. BEATRICE BOWMAN,  
*Superintendent, Navy Nurse Corps.*

#### U. S. PUBLIC HEALTH SERVICE

##### REPORT FOR AUGUST

*Transfers:* To Philadelphia, Pa., Kathleen Piffher; to Baltimore, Md., Eileen O'Brien; to Ellis Island, N. Y.; Bernice Redmond; to New Orleans, La., Mary Keegan, Frances Hogg; to Mobile, Ala., Beatrice Bona, Ethel Maynor; to Hudson St., New York, Alberta Therrien, Katherine Gibbons.

*Reinstatements:* Mary J. Coyle, Gertrude Coyle, Mary K. Palmer, Evalena Gracia, Margaret Kennedy, Zitta W. Clark.

LUCY MINNIGERODE,  
*Supt. of Nurses, U.S.P.H.S.*

#### U. S. VETERANS' BUREAU NURSING SERVICE

*HOSPITAL SERVICE. Transfers:* To Beacon, N. Y., Alma E. Lighthall, H.N., Marguerite O'Neill, Anna McCaughey, H.N., Margaret L. Cochran, Nellie L. Carter, H.N., Mary M. Woodward, Lillian E. Rayner, H.N., Abbie A. London, H.N., Theresa McDermott, Helen Sturrock, Margaret O'Connor, Mary E. Ryan, H.N., Mary F. Watson, Grace E. Doran, Belle McAtee; to St. Paul, Minn., Bertha A. Dramberg, H.N.; to Tupper Lake, N. Y., Katherine B. McGuire, H.N., Emma J. Hall, Madeleine I. Johnson, Beatrice J.

Casey, Mary Conkling, Mary F. Siddall; to Whipple Barracks, Ariz., Carrie Noben, H.N.; to Jefferson Barracks, Mo., Lillian Rutledge; to Tacoma, Wash., Mary M. Kelly; to Palo Alto, Cal., Marcella C. Erhard; to Oteen, N. C., Sarah L. Coleman.

*Reinstatements:* Ada McCool, Nellie B. Wallace, Barbara Hunter, C.N., Annie L. Kearney, Annie E. Higbie, Anna B. Giblin, Laura Mae Nell, Asst. C.N., Winifred Gallagher, Olive Winnington, Abigail Turner, Mary F. Ryan, Elizabeth A. Walker, Avie Carmichael, Alice V. Drury, Ellen D. Bryan, Ella I. Johnson, Ethel M. Young.

*DISTRICT MEDICAL SERVICE...Transfers:* To Algiers, La., Nora F. McMahon; to Legion, Tex., Helen A. Weston; to Beacon, N. Y., Eva Darlington.

U. S. Veterans' Hospital No. 96, Tupper Lake, N. Y., opened for the reception of patients August 15, 1924. U. S. Veterans' Hospital No. 98, Beacon, N. Y., was ready for the reception of patients in September. Nurses will be needed for duty at both of these hospitals.

MARY A. HICKEY,  
*Superintendent of Nurses,  
U. S. Veterans' Bureau.*

#### UNITED STATES CIVIL SERVICE EXAMINATION

The United States Civil Service Commission announces the following open competitive examination: Graduate Nurse — Graduate Nurse (Visiting Duty)—Applications will be rated as received until December 30. The examination is to fill vacancies in the United States Veterans Bureau and in the Indian and Public Health Service. The entrance salary in the Indian Service, both for hospital and visiting duty, is \$1,500 a year. Furnished quarters, heat, and light are allowed appointees free of cost. The entrance salary in the Veterans Bureau Hospital Service is \$1,680 a year; and in the Public Health Service, \$1,020 a year, with quarters, subsistence, and laundry free of cost. Applicants must have been graduated from a recognized school of nursing requiring a residence of at least two years in a hospital having a daily average of thirty patients or more, giving a thorough practical and theoretical training, and must

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show evidence of State registration. Applicants for the position of graduate nurse (visiting duty) must meet the requirements specified above, and in addition, must have had at least four months' postgraduate training in public health or visiting nursing at a school of recognized standing, or in lieu of such training, one year's experience under supervision in public health or visiting nursing. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the post office or custom house in any city.

THE AMERICAN HOSPITAL ASSOCIATION will hold its twenty-sixth annual conference at the 106th Armory, Buffalo, N. Y., on October 6-10. Some of the most interesting sessions for nurses will be the Small Hospital Section, Monday afternoon, Charlotte J. Garrison of Des Moines, presiding; Wednesday evening, Nursing Section, Jean I. Gunn of Toronto presiding; Thursday afternoon, Social Service Section, Ida M. Cannon of Boston presiding.

THE AMERICAN CHILD HEALTH ASSOCIATION will hold its annual meeting in Kansas City, Mo., October 14-16.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its annual meeting in Detroit, October 20-22.

**Alabama:** THE ALABAMA STATE NURSES' ASSOCIATION will hold its annual meeting in Birmingham, October 21.

**Arizona:** THE ARIZONA STATE NURSES' ASSOCIATION will hold a meeting in Phoenix in October.

**Arkansas:** THE ARKANSAS STATE NURSES' ASSOCIATION will hold its twelfth annual meeting October 9 and 10, and the State Public Health Nurses Association will hold its meeting on October 11. All meetings will be held at the Elks' Home in Pine Bluff. All nurses throughout the State are urged to be present.

**California:** A CHILD WELFARE INSTITUTE FOR STUDENT NURSES was held in Los Angeles, April 29, under the direction of the California State League of Nursing Educa-

tion, (Southern Branch), in the First Methodist Church. The morning session was attended by two to three hundred students, in the afternoon from four to five hundred were present, and in the evening the auditorium was crowded to its utmost capacity to accommodate eight hundred and fifty to nine hundred. As this was the first time such an opportunity had been given Schools of Nursing in Los Angeles and surrounding towns, the response demonstrated was exceedingly gratifying. At both morning and afternoon sessions Tuberculosis in Childhood was most instructively discussed by physicians and nurses interested in that particular branch of medical and nursing care. These papers were followed by orthopedists, nurses and physiotherapists expressing the necessity of early recognition of Deformities in Childhood, and advice concerning the value of proficient correction. The Institute was particularly fortunate in having Dr. Ellen S. Stadtmuller, Director of Child Hygiene, for all three sessions. Her enthusiasm over Prenatal and Infant Welfare activities awakened much interest in the importance of closer cooperation in obstetrics and pediatrics. Papers of especial interest to Senior students were read on the Plan for a Postgraduate Course in Orthopedics in a Los Angeles Hospital and another for a Public Health Course at Southern Branch U. C. Dr. Marian Van Waters, Referee of the Juvenile Court, and Dr. Ralph Truitt, Director of the Child Guidance Clinic, presented phases of nursing new to most students. All Senior students were requested to write essays discussing the benefits derived by them in attending the Institute. A nurse from the Kahler Hospital, Rochester, Minn., affiliating at the Children's Hospital, Los Angeles, was presented with two books for the best essay. The second prize, a book, was won by a student at the Loma Linda Hospital and Sanatorium. It is hoped to have a longer institute next year. **Long Beach.**—A surprise party was given on September 2 by the Nurses' Association to Alice Henninger, on the sixth anniversary of her becoming Superintendent of the Seaside Hospital. About 150 doctors and nurses were in attendance, who showed their appreciation of her services by addresses and gifts.

**Colorado: Denver.**—THE UNIVERSITY SCHOOL FOR NURSES, formerly at Boulder, which was suspended while the new university buildings were being erected, assembled its first group of students in this city on September 29 in temporary quarters, as the group of hospital and college buildings is not yet ready for occupancy. **Pueblo.**—Commencement exercises of the MINNEQUA HOSPITAL SCHOOL OF NURSING were held on the east lawn of the Nurses' Home, August 27. Diplomas were presented to the 10 graduates by Dr. R. W. Corwin. A banner in the school colors, orange and black, was presented to the School by the Alumnae Association. Following the exercises which were unusually interesting, a reception was held in the nurses' home. This being the 25th anniversary of the establishment of the School, the Alumnae held a Home Coming during commencement week. Thursday's program included a motor ride in the morning, luncheon at the Vail Hotel, and a picnic supper at the Nurses' Home at which members of the class of 1924 were guests. Stunts by members of the fourteen classes represented furnished amusement. The festivities ended with a dance on Friday evening.

**Connecticut: West Cheshire.**—Anna M. Cullen, a graduate of the Henry W. Bishop Memorial Training School, Pittsfield, Mass., is taking up new work at Wood Acres, a rest house for convalescent and elderly people.

**District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA** will hold an examination for registration of nurses on November 4 and 5, 1924. Applications may be obtained from Mary E. Graham, 1337 K. St., N. W. Washington, D. C. Applications must be at this office not later than October 21. Mary E. Graham, Secretary and Treasurer.

**Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES** will hold its annual meeting in Athens, November 17, 18 and 19.

**Illinois: THE ILLINOIS STATE NURSES' ASSOCIATION** will hold its annual meeting in Champaign, October 29-31. **Chicago.**—RAVENSWOOD HOSPITAL will have as educational director, Stella Tylski, who has been

studying at Teachers College since her return from Poland; Elizabeth Trevillion (Illinois Training School) is emergency supervisor; Winifred Jennings has resigned from the staff to enter the Northwestern University Medical School.

**Indiana: THE INDIANA STATE NURSES' ASSOCIATION** will hold its annual meeting in Indianapolis, October 2-4. Ina M. Gaskill, Director of the Department of Public Health Nursing, State Department of Health, has been granted a leave of absence for one year. Mary J. Horn will serve as Acting Director. Miss Gaskill has accepted the position of school nurse and teacher of Hygiene and Home Care of the Sick at the Shortridge High School, Indianapolis. **Crawfordsville.**—Lizzie Goepfinger of Indianapolis has recently taken charge of Culver Hospital. The hospital has been taken over by Montgomery County and plans are being made to build to accommodate fifty patients.

**Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES** will hold its annual meeting, November 18-20, in Des Moines, with a Red Cross meeting on November 17. **Boone.**—Anna E. Boettcher has been appointed Superintendent of the Boone County Hospital; she has been holding a similar position at the Immanuel Hospital, Mankato, Minn.

**Kansas: THE KANSAS STATE NURSES' ASSOCIATION** will hold its annual meeting in Wichita, October 10-11. Headquarters will be at the Hotel Lassen.

**Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS** will conduct its semi-annual examination at the J. N. Norton Memorial Infirmary, Louisville, November 18 and 19. Information and applications may be procured from Flora E. Keen, 115 North Main St., Somerset, Ky.

**Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION** will open its autumn meeting on Friday evening, October 24, at eight o'clock, at the First Church in Northampton. Mayor Woodhouse is to welcome the Association, President Neilson of Smith College and Dr. Florence Meredith of the Department of Hygiene will be the principal speakers of the evening. The Saturday sessions are to be held at the Cooley

Dickinson Hospital, in the McCallum Nurses' Home. At nine a. m. the State League of Nursing Education will present a program, followed by the Public Health Section at ten o'clock. The Private Duty Nurses' Section will open at eleven o'clock. The Committee on Arrangements, of which Mary E. Ayer is chairman, has made special arrangements for an opportunity for the nurses of western Massachusetts to know socially all visiting nurses from other parts of the State. Lunches, teas, visits to hospitals and other places of interest are to be planned for in a very generous manner. A general session of the Massachusetts State Nurses' Association will convene at 2:30 p. m. on Saturday at the Cooley Dickinson Hospital. There will be a business meeting, and the principal speakers of the afternoon are to be Colonel A. H. Pierce, Medical Director of the Federal Hospital, and Mrs. Mary Hickey, Veterans' Bureau Nursing Supervisor. Transportation arrangements are not yet completed, but plans will be made for the easiest possible coming and going for all parts of the State. A complete report of the program for all sessions will appear in a later issue of the Journal.

**Boston.**—Mary K. Nelson, who for over three years has served as Director, New England Division Red Cross Service, was tendered an informal tea and reception by the Massachusetts nurses at the Boston Nurses' Club, September 3. The gathering occurred as a surprise to Miss Nelson, who sailed on September 9 to take charge of the American Hospital in Constantinople. Miss Nelson, who is held in great esteem by the nurses of Massachusetts, was presented with an American flag, Sarah Beatty, long active in Red Cross Committee service, making the presentation, assuring Miss Nelson of the very good wishes which accompany her in the new field of work. Virginia M. Gibbs, who is to follow Miss Nelson as Director of the New England Division, was a guest at the reception. Dr. Thomas J. O'Brien, Chairman Joint Committees on State and National Legislation, Massachusetts Medical Society, is to be the speaker, October 30, at a meeting of the Norfolk and Suffolk Branches of the State Association, to be held at 636 Beacon Street at 8 p. m. Dr. O'Brien is to talk on "Legislation." **Salem.**—

THE SALEM CITY HOSPITAL held commencement exercises for a class of six in the Memorial Building, August 29. A reception and dance followed.

**Michigan:** The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants at Lansing, Mich., November 12 and 13, 1924. **Detroit.**—HIGHLAND PARK GENERAL HOSPITAL TRAINING SCHOOL, Highland Park, graduated its first class of seven nurses in May. These nurses have formed an Alumnae Association and the following officers were elected: President, Edith M. Hayes; vice president, Edwina Gillaum; secretary, Leta Appleford; treasurer, Jane Stewart. THE GRACE HOSPITAL ALUMNAE ASSOCIATION gave a farewell party at the Helen Newberry Nurses' Home, on August 21, for Zade Ives, President, who is leaving Detroit to make her future home in Altadena, California. Miss Ives will be greatly missed by her associates. A beautiful leather writing case was presented to her. This Association has completed its Alumnae Scholarship Fund of \$2,000. **Muskegon.**—Amy Beers of Fairfield, Iowa, former President of the Iowa State Nurses' Association, assumed her duties as Superintendent of Hackley Hospital on September 1.

**Minnesota:**—THE STATE NURSING ORGANIZATIONS will hold their annual meeting in Minneapolis at the Curtis Hotel, for three days, on November 6, 7 and 8, 1924. This will be an unusual opportunity for nurses of the state who plan to attend, since the Minnesota Educational Association and the State Sanitary Conference will meet in St. Paul on the same dates and plans are being made for joint sessions, including all three organizations. **Mankato.**—Miss I. M. Thompson succeeds Anna E. Boetteher as Superintendent of Immanuel Hospital. Miss Boetteher has accepted a similar position in Boone, Iowa. **Minneapolis.**—Alma C. Haupt, Superintendent of the Visiting Nurse Association, has resigned to accept a position in Austria for the coming two years. Miss Haupt is going under the Commonwealth Fund as Director of the nursing part of the Child Welfare Program, of which Dr. Wilkes is the Medical Director. **St. Paul.**—Lydia

H. Keller has been appointed Superintendent of the West Side General Hospital.

**Mississippi:**—THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will hold its thirteenth annual meeting at Hattiesburg, October 30 and 31. All registered nurses in the state are urged to make plans to be present. All registered nurses who are eligible and who are not members are urged to make application for membership. Each should feel it her duty as well as an honor to be a member of her State Nurses' Association.

**Greenville:**—Martha I. Giltner has been obliged to give up her public health work because of illness.

**Missouri:**—THE MISSOURI STATE NURSES' ASSOCIATION will hold its annual meeting October 1, 2, 3, at the Muehlbach Hotel, Kansas City.

**New Jersey:**—THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will hold its fall meeting on November 8, at Morristown, at the invitation of the Morristown Memorial Hospital Alumnae, in conjunction with the State Nurses' Association. In the absence of the President, Helen Stephen, the first vice president, Grace Miller will preside. Reports of the Detroit convention will be the chief feature of the meeting. THE NEXT EXAMINATION for the certificate of registered nurses will be held Friday, November 21, in the State House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information, apply to Agnes Keane Fraentzel, 302 McFadden Building, Hackensack.

**New York:** THE NURSING ORGANIZATIONS OF NEW YORK STATE will hold their annual meeting in Syracuse, at the Hotel Syracuse, October 28-31, with the following programs: NEW YORK STATE ORGANIZATION FOR PUBLIC HEALTH NURSING, Tuesday, October 28, Morning Session.—8:30, Registration. 9:00, Business session, reports of officers and committees, address of President, Mathilde Kuhlman; address, Selling Service, Frederick Bruns, President Syracuse Chamber of Commerce. 12:30, Luncheon. Speaker, Thomas P. Farmer M.D., on The Milbank Demonstration. 2:00 p. m.—Addresses, Thetford Mines Experiment in Ma-

ternity, Infancy and Child Hygiene, Alice A'Hern; Health for Health Workers, J. A. Lanza, M.D.; Our Responsibility Toward the Mental, Moral and Physical Health of the Young Worker in Industry, Mary Elderkin. 6 p. m.—Subscription dinner, American Red Cross nurses. Evening, Joint Session, Three State Organizations, Mathilde Kuhlman presiding. Addresses of Welcome, Mayor Walrath and Lesley West; Reply, Eunice A. Smith; address, Charles W. Flint, Chancellor Syracuse University. NEW YORK STATE NURSES' ASSOCIATION, Wednesday, October 29, 8:30 a. m., Registration. 9:30, Business meeting, Reports of officers and committees and Address of the President, Mrs. Anne L. Hansen. 2:30 p. m., Addresses by Dr. Livingston Farrand and Annie W. Goodrich. 8 p. m., Banquet and Entertainment. Thursday, October 30, 8:30 a. m., Conference of Principals of Schools of Nursing with Inspectors of Nurse Training Schools. 10:00, Round Table on Ethics, conducted by Elizabeth C. Burgess. 10:45, Round Table on Private Duty, Elizabeth E. Golding. 11:30, Address, The Nurse's Part in the Control of Cancer, William F. Wilde, M.D. Afternoon, 2:00 p. m., Report of the Detroit convention, Mrs. A. L. Hansen; business session. 3:30, Drive, followed by a tea at the Hotel Syracuse. Evening, 8:00 p. m., Social Activities of a Superintendent in a Small Community Hospital, Mrs. Genevieve Clifford. Pageant—The History of Nursing. Final business session. THE NEW YORK STATE LEAGUE OF NURSING EDUCATION will present the following program at its meeting on Tuesday, October 28. 8 a. m., Registration. Morning session, 9:30, Business, reports of committees, of local sections, of the Board of Nurse Examiners, and of the delegate to the National League. Afternoon, 2:15, Address by the President, Amy M. Hilliard. Papers.—Public Health in the Fundamental Nursing Curriculum, Gertrude E. Hodgman; Scholarships and Their Use, Elizabeth C. Burgess. Two round tables will be conducted at 4 p. m.—Nutrition, Equipment of Diet Laboratories and Teaching Methods, conducted by Mary Bowen, Director of Nutrition for the Schools of Syracuse; and Follow-up Work of the Student in the School of Nursing, Mildred Redfield.

**Amsterdam.**—Ethel M. Viele and Rose E. Brummer, graduates of the Amsterdam City Hospital, will sail on October 15 for England en route for India where they will do missionary nursing under the Lutheran Board. The Nurses' Home of the Amsterdam City Hospital is being enlarged and refurnished to accommodate 15 more students. **Buffalo.**

—M. Eva Dunne, graduate of the New York Hospital, has been appointed Superintendent of Nurses at the Buffalo General Hospital, succeeding Helen S. Buck who resigned because of ill health. Mabel E. Hoffman, formerly an instructor at the Rochester General Hospital of which she is a graduate, has been appointed Superintendent of Nurses at the Deaconess Hospital. **Cortland.**—DISTRICT 4 held a special meeting at the Cortland Hospital, September 11, with an attendance of 52. Arrangements were made for the convention of the State Association. Dr. John Wattenberg addressed the members on "Quacks and Patent Medicines." The District desires through the *Journal* to extend a cordial welcome to all nurses who are to attend the State convention in October. **Dunkirk.**—Josephine Briody has resigned as Principal of the Training School of the Brooks Memorial Hospital. **Ithaca.**—THE ITHACA HOSPITAL ALUMNAE ASSOCIATION held its annual steak dinner at Stewart Park in June. Reports were read. A sunshine box was sent to a member who is ill at Oteen, N. C. Many improvements and changes have been made at the Hospital during the past two years, due greatly to the present Superintendent, Mrs. Genevieve Clifford. **New York.**—Dr. George Vincent of the Rockefeller Foundation gave a luncheon at the Cosmopolitan Club on September 10 for Ruth E. Darbyshire, Matron of the University College Hospital, London, England. Miss Darbyshire is a guest of the Rockefeller Foundation and is making a study of administration of schools of nursing in this country. Harriet L. P. Friend has accepted a position as assistant instructor, Teachers College, Columbia University. **Ogdensburg.**

—ST. LAWRENCE STATE HOSPITAL held graduating exercises in Curtis Hall, on August 27, for a class of sixteen. The Nurses' Oath was administered by Caroline Hollenbeck, class of 1903. The address was given by Hon. Wal-

ter G. Kellogg. James E. Kelly presented the diplomas, and Robert S. Waterman, the prizes. A reception and dancing followed.

**Rochester.**—Eunice A. Smith, for many years Superintendent of Nurses at the Rochester General Hospital, has resigned. She is studying at Teachers College. Miss Smith has been active in all organization work in the city and she will be greatly missed. Jane Dickson, formerly of St. John's Hospital, Yonkers, has been appointed Instructor at the Park Avenue Clinical Hospital. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION held a regular meeting on August 1, in the Trudeau Building. Mrs. Beattie read an interesting paper on Insulin Treatment for Diabetes. The Association met on September 2 in the Trudeau Memorial Building. An interesting report was read by Miss Denton of the Saranac Lake General Hospital, concerning the Free Bed Fund. The regular business meeting followed. **Utica.**

—DISTRICT 7 held its annual meeting on the evening of September 11, at Faxon Hospital. Reports of the Detroit convention were given by Miss Soder, Miss Kranz and Miss Gaines. Miss Jenkins outlined plans for National Defense Day. Officers elected are: President, Lena A. Kranz; vice presidents, Eva M. Schied, Sarah Burns; secretary, Laura Soder; treasurer, Lena Plante; directors, Miss Woodskou, Mrs. Lena Clarke. The evening ended with a banquet for sixty in the new dining hall in the annex. THE UTICA CENTRAL SCHOOL OF NURSING is about to launch forth on its third year's work. The fact that it has proven a very satisfactory arrangement was evidenced by the unanimous vote of the Directors and Training School Boards of constituent schools. The location of the Central School at the Academy is ideal, the Board of Education coöperating in every way. During the last year the kitchen laboratory at the academy was utilized for the preliminary work in dietetics, the instructors being the dietitians from the respective hospitals. The use of the large, well equipped room for demonstration and practice has proven invaluable, thus standardizing the methods of work in the hospitals affiliating with the Central School. **White Plains.**—THE CENTRAL SCHOOL OF WESTCHESTER COUNTY has begun

its second year with an enrollment of 45 students.

**Ohio: Lorain.**—ST. JOSEPH'S NURSES' ALUMNAE ASSOCIATION met on September 2 at the hospital. Plans were made for furnishing a dressing room in the new nurses' home for the graduates.

**Oklahoma:** THE OKLAHOMA STATE NURSES ASSOCIATION will hold its annual meeting in Enid, October 29-31.

**Pennsylvania:** THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual meeting, October 27-30, at Reading with headquarters at the Berkshire Hotel. (For an outline of the program, see the September *Journal*). **Wilkes-Barre.**—Anna Mullen (class of 1921, Mercy Hospital), entered the Novitiate of Sisters of Mercy at Dallas, Pa., where the Sisters of Mercy have opened Misericordia College for the higher education of young women.

**Rhode Island:** THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State Capitol, November 13 and 14, at 9 a. m. For application blanks and information, address Lucy C. Ayers, Secretary-Treasurer, Woonsocket Hospital, Woonsocket, R. I.

**South Dakota:** THE SOUTH DAKOTA STATE ASSOCIATION OF GRADUATE NURSES has the following officers: President, Carrie E. Clift, 1205 W. Boulevard, Rapid City, corresponding secretary, Margaret Hoover, 302 Dak. Life Building, Watertown.

**Tennessee:** THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting October 6-7, in Memphis, with District 1. **Chattanooga.**—The Chattanooga District Nurses' Association held a called meeting on August 21, at the home of Mrs. Brockman when it was decided to take active part in the City Program on National Defense Day. Delegates were chosen for the State meeting. A Chairman and Vice Chairman were chosen to take charge of the nurses' booth which will be run during the Fair. A social hour followed. **Memphis.**—Miss Hammock is leaving the city to study missionary work in New Orleans. THE METHODIST HOSPITAL graduated a class of 21 on

June 30, at Madison Heights Methodist Church.

**Texas: Galveston.**—COLLEGE OF NURSING, MEDICAL DEPT. UNIVERSITY OF TEXAS, JOHN SEALY HOSPITAL. Grace G. Grey, Director of the School of Nursing, and Zora McAnelly, Instructor, attended the Columbia Summer School, New York. Miss McAnelly, class of 1924, succeeds Mrs. Helen Newland. Margaretta Perkins, class of 1909, has resigned as first assistant in the Training School Office. She will succeed Mabel Aiken as House Mother, Rebecca Sealy Nurses' Home. Theresa Wagner, class of 1916, will fill the position of first assistant. Helen Guinn, class of 1924, has been appointed Supervisor of the Colored Hospital. Amelia Eagleton, class of 1923, has accepted the position of Supervisor of operating room at Methodist Hospital, Houston; Eva Lyles, class of 1924, is her assistant.

**Virginia:** THE VIRGINIA STATE NURSES' ASSOCIATION held a three day annual meeting in Roanoke, May 27-29. The attendance was good and a great deal of interest was shown. Isabel Stewart of Teachers College, New York, and Elizabeth G. Fox of Washington D. C., were present and made addresses. The Foundation Fund for a chair of nursing at the University of Virginia, Charlottesville, was the topic most discussed. Officers elected were: President, Agnes D. Randolph, Richmond; vice presidents, L. L. Odom, Norfolk; H. V. Norris, Lynchburg; Evelyn Hill, Harrisonburg; secretary, Alice B. Dugger, 30 Shore Street, Petersburg; treasurer, Florence Bishop, Portsmouth; director, Ethel Smith, Craigsville.

**Wisconsin:** THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting at the Immanuel Presbyterian Church, Astor Street, Milwaukee, October 28, 29 and 30. **Eau Claire.**—THE TENTH DISTRICT members entertained the American Legion nurses at a reception at the Masonic Temple, August 4, during the Legion convention held in Chippewa Falls. A splendid program was given, followed by a luncheon. Many of the Tenth District members gave their spare time and half days in assisting at the Baby Conference held in Chippewa Falls,

September 8-12. **Milwaukee.**—THE WISCONSIN NURSES' CLUB held open house on the evening of August 18, it being the first anniversary of the dedication of the club. An informal reception was held. THE FOURTH AND FIFTH DISTRICT held its first fall meeting, September 9. A special committee was appointed and a sum of money appropriated to honor the over-seas nurses who are patients at the National Soldiers Hospital in Milwaukee. Margaret Pakenham gave the report from the Detroit convention. The individual members were hostesses.

#### MARRIAGES

**Mabel A. Berg** (class of 1921, Presbyterian Hospital, Chicago), to J. F. W. Clark, M.D., September 2. At home, Laona, Wis.

**Mildred R. Brown** (class of 1920, Mid-Valley Hospital, Peckville, Pa.), to Frank A. Bein, M.D., September 9. At home, Irvington, N. J.

**Martha E. Cellar** (Toledo Hospital, Toledo, O.), to Clarence E. Houston, M.D., August 21.

**Dorothy E. M. Follmer** (class of 1920, Lankenau Hospital, Philadelphia), to Charles F. Steiger, September 2. At home, Williamsport, Pa.

**Laura Freeman** (class of 1923, Ellsworth Hospital, Ellsworth, Kans.), to Roy A. Wolfe, July 19. At home, Peoria, Ill.

**Signe Gjerde** (class of 1922, City and County Hospital, St. Paul, Minn.), to Arthur J. Comer, August 4. At home, St. Croix Falls, Wis.

**Bertha W. Haller** (class of 1919, Illinois Training School, Chicago), to E. Harold Bodley, July 23. At home, Hobson, Mont.

**Joan E. Holm** (class of 1918, Lankenau Hospital, Philadelphia), to Stanley Hawkins Wilson, August 20. At home, Detroit, Mich.

**Nora Imhoff** (class of 1923, University Hospital, Ann Arbor, Mich.), to Edward Warren, August 25. At home, Ann Arbor.

**Margaret C. Lindblade** (class of 1921, Milford Hospital, Milford, Mass.), to Walter E. Prendergast, August 30. At home, Providence, R. I.

**Agatha Lyons** (class of 1917, St. Elizabeth's Hospital, Youngstown, Ohio), to Alfred

Veit, M.D., August 23. At home, Wapakemata, O.

**Barbara M. Price** (Army School of Nursing, Washington, D.C.), to Leon Griggs, M.D., August 30. At home, Fairhaven, N. Y.

**Anna Reilley** (class of 1916, Mercy Hospital, Wilkes-Barre, Pa.), to Joseph McCann in September. At home, in Brooklyn, N. Y.

**Lillian Marie Roth** (graduate of the Joseph Price Hospital, Philadelphia), to Conrad V. Hahn, July 17.

**Mary C. Selch** (class of 1922, Indianapolis City Hospital), to Richard B. Paynes, July 22. At home, Franklin, Ind.

**Cora Snackenburgh** (class of 1924, University of Michigan Training School, Ann Arbor), to Carlton Winsor, September 4. At home, Ann Arbor.

**Bessie I. Spiers** (class of 1921, Johns Hopkins Hospital, Baltimore, Md.), to William A. Artman, August 19. At home, LeRoy, N. Y.

**Verna V. Starry** (class of 1919, Weld County Training School, Greeley, Colo.), to H. L. Franklin, D.V.M., July 14. At home, Greeley, Colo.

**Ethel R. Stoermer** (class of 1924, Baptist Hospital, Memphis, Tenn.), to James M. Bailey, M.D., July 11. Dr. and Mrs. Bailey sailed for China in September to do missionary work.

**Gertrude Thomas** (class of 1923, Paxton Memorial Hospital, Omaha, Neb.), to Robert S. Somerville, September 15. At home, Minneapolis.

**Frances Tremaine** (class of 1919, Sarnia General Hospital, Sarnia, Ont.), to Arthur Francis, September 9. At home, Philadelphia.

**Helen Monica Whitehair** (class of 1921, St. Francis Hospital, Topeka, Kas.), to Harold A. Rohrer, August 5. At home, Junction City, Kas.

#### DEATHS

**Gladys Bellamy** (class of 1922, Beaver Valley General Hospital, New Brighton, Pa.), on May 29, at the home of her sister, following an illness of five weeks of scarlet fever and complications. Her loss is keenly felt by all with whom she came in contact during her training and since her graduation. In her short career of her chosen profession she had

gained many friends among her patients. She did private duty and contracted her illness from a patient whom she was so faithfully attending. The Alumnae Association and pupil nurses in uniform formed an escort to the train. Burial was at Mason, Mich.

Mrs. John Brown (**Ethel Hinds**, class of 1914, Toledo Hospital, Toledo, O.), of pneumonia, at the Miami Valley Hospital, Dayton, April 30. Miss Hinds took postgraduate work at the Polyclinic Hospital, New York. During the World War she served with the Navy Nurse Corps at League Island, Pa., and at Portsmouth, N. H. As an instructor, supervisor, or administrator, she was very capable; she practiced her profession until her marriage in 1923. Of high ideals and sterling character, she was held in high esteem by her many friends and associates.

**Angeline King** (class of 1905, Long Island College Hospital, Brooklyn, N. Y.), on August 20, at her home in Walkerville, Ontario, Canada, after a long illness borne with great fortitude.

**Mary E. Morris** (class of 1906, Michael Reese Hospital, Chicago), on August 26, at the hospital, after only a week's illness. Miss Morris was highly esteemed for her integrity, and no nurse was more beloved by her associates or her many patients. She did private duty nursing except for a year and a half when she served overseas. The American Legion officiated at the funeral.

**Elizabeth Dean Smith** (class of 1895, Michael Reese Hospital, Chicago), on August 28, at the Mercy Hospital, Benton Harbor, Mich., shortly after an emergency operation

for intestinal obstruction. Miss Smith was one of the pioneer nurses of the school; her fine work and sterling character did much to build up its early reputation. Her specialty for the past 22 years had been hourly nursing. Miss Smith's whole life was one of unselfish service. Both the nurses and the medical staff of the hospital respected her highly and sincerely mourn her loss.

**Clara Tappmeyer** (class of 1909, The Christ Hospital, Cincinnati, O.), on August 25, at her home in Newport, Ky. Miss Tappmeyer, after her graduation, did very efficient work in the Public Health and Welfare Assn. She organized the Public Health work in Newport, and then in the cotton mills at Columbia, S. C. She did similar work at New Orleans and White Rock, N. C. During and following the war she did nursing in the Government Hospitals at New Orleans, and just preceding her death she was employed by the United States Veterans Bureau at the Altemont Hospital, Fort Thomas, Ky.

**Jean McCall Weir** (class of 1915, Kensington Hospital for Women, Philadelphia), on July 19, following an operation. Miss Weir was Superintendent of the Kensington Hospital for Women at the time of her death. She will be greatly missed by all who knew her and the profession has lost a valuable member.

**Charlotte Meredith Welsh** (class of 1922, The Woman's Hospital of Philadelphia), on August 22, at the hospital, following an operation. Miss Welsh was faithful and conscientious with a gentle personality and high ideals.

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"Time's wheel runs back or stops; Potter and clay endure."

—Browning.

"We fall to rise, are baffled to fight better,  
Sleep to wake."

—Browning.

## BOOK REVIEWS

HOSPITAL ORGANIZATION AND OPERATION. By Frank E. Chapman. 264 pages. Illustrated. The Macmillan Company, New York. Price, \$3.50.

When one recalls the large number of nurses who undertake the administrative duties of a hospital without preparation for, and in many instances knowledge of these duties, one appreciates the more the new book on "Hospital Organization and Operation," by Frank E. Chapman.

Mr. Chapman presents the functions and principles of organization in the first chapter. There is little discussion concerning the functions of a hospital,—as the care of the sick, the teaching of disease, and the study of disease, are generally accepted as the primary ones. The explanation of the fundamental principles of organization, which are as essential in a hospital as in a manufacturing plant, can not but emphasize the importance of an administrator understanding these principles.

Several chapters are devoted to departmental activities, including accounting procedures. The pages devoted to accounting are worth studying and should prove helpful to the young superintendent. The author limits the small hospital to one chapter as "after all—the difference in operation of a large and a small hospital is one of degree."

Chapter fourteen is generously illustrated with forms desirable for the daily procedures of operation and provides an answer to the question, "What does the hospital do with such quantities of printing?" One is flattered to recognize forms in common use and is inspired to call the printer and have all others prepared.

The book is both interesting and concise. Undoubtedly it will become more than a mere reference book in every school giving courses in hospital administration, as it is that which it was designed to be, a practical handbook.

ADA BELLE MCCLEERY, R.N.,

*Evanston, Ill.*

INDIVIDUAL GYMNASTICS. A Handbook of Corrective and Remedial Gymnastics. By Lillian Curtis Drew. Lea and Febiger, Philadelphia. Price, \$2.

This is a valuable and much needed text book in which abnormal conditions of most frequent occurrence as well as various kinds of physical inefficiencies are "analyzed, their causes discussed and attention directed to lines of procedure for prevention and improvement."

Dr. E. G. Brackett of Boston in a foreword calls attention to the definite benefit which follows the employment of the corrective forms of exercise, which "place this feature of therapy, viz., individual gymnastics in a fore rank of importance." Especially timely is this book since, "during the past few years emphasis has been necessarily placed on its closely associated ally, in the various forms of physiotherapy."

The influence of the Swedish system in Miss Drew's selection of individual exercises is more marked than in some other systems of individual work. One notices that Miss Drew describes the Swedish system as based on anatomical and physiological principles, omitting altogether its military component which planned the work for military groups and tended to develop a universal military carriage, rather than to develop the poise of equalized muscle pulls and

to overcome improper muscle tension, —a far more difficult thing to do.

The value of individual exercises as over against the usual type of class gymnasium work is well brought out. This reaction in its relation to mind training Henry Adams clearly illustrates in his autobiography. He says of himself that his "passionate hatred of school methods was almost a method in itself.—His memory was slow and the effort painful. For him to conceive that his memory could compete for school prizes with machines of two or three times its power, was to prove himself wanting not only in memory, but flagrantly in mind."

The same might well be said of the body, and indeed has already been said many times, often in vain, by dissatisfied members of gymnasium classes, whose poorly coördinated or muscularly weak bodies have been expected to derive benefit from competition with machines of much higher power.

It would be hard to find a book of 225 pages which contained so much meat for the student of individual exercises. Some will undoubtedly be disappointed that it is so elementary, yet for others this is its strong point. It is proving its value as a text book in training schools for physical education all over the country.

ESTELLE K. BERTINE,  
*New York City.*

DIET AND CARE OF CHILDREN. By Harry S. Reynolds, M.D. 154 pages. Laird and Lee, Inc., Chicago. Price, \$1.00.

This book is a distinct addition to that group of books following the style of Holt's famous little volume for mothers. These books translate the

result of the physician's research into terms which mothers can understand and apply. They serve a double function; they enable the mother intelligently to follow the attending physician's orders and to meet the needs of the normal baby without the expense of the specialist's advice.

Questions which might arise in caring for the well child: recognizing signs of illness, and giving first aid, are clearly stated. The answer follows the question and includes the advice usually given by a pediatrician upon that point. He gives the rules of child hygiene, warns the mother against taking neighbors' ignorant or ill-adapted advice, and points out the limitations of a book of this nature; namely, that children are individual. If they do not thrive upon the general rules of child hygiene they must be taken to a physician.

My criticism is,—1, that he advocates measures admirable for the well child under the care of a physician, but radical when applied as a routine measure; 2, I may be too conservative, but I doubt if a mother can safely give an infant a formula based upon the general needs of a child of his age. A modern book of this type should forbid such a procedure.

The method of presentation is so clear and comprehensive that the book is of great value to nurses as well as to mothers.

GLADYS SELLEW, M.A., B.S., R.N.,  
*Cincinnati, Ohio.*

THE UNSTABLE CHILD. By Florence Mateer, A.M., Ph.D. 471 pages. D. Appleton & Company, New York. Price, \$2.75.

The Unstable Child by Florence Mateer appears to be a thoroughly

scientific treatment of a live problem,—the very naughty child. The book is an extremely interesting one of the possibility and methods of clinical psychology in the diagnosis and treatment of ill-balanced children.

This theory that "There is no such thing as a bad child," is quite in harmony with the growing realization that deliberate crime may be an evidence of psychopathic tendencies, in spite of the convictions to the contrary held by the advocates of punishment merely for punishment's sake.

The author maintains her main thesis in a temperate and convincing manner and supports it with well chosen case studies.

The chapter on the congenital syphilitic is highly suggestive, particularly in view of the difficulty of getting medical corroboration for the suspicious psychological findings among these delinquents. The rule, "that a series of less than three negatives has little diagnostic significance," startles those of us who have too much faith in a single blood Wassermann.

The conservative attitude taken toward mental testing, although Dr. Mateer gives full recognition to its great value, is a hopeful sign for the future. After all, quantity is only a single aspect of intelligence, quality being equally important, and "mental function, not mental level, *may be the determining factor in behavior.*" Hasten the time when all psychologists accept the mental age with as much caution.

One needs a certain background and familiarity with the subject matter under discussion to get all that the book contains—it is not written for the aver-

age layman, although he will undoubtedly get much out of it. "The Unstable Child" is primarily a book for the specialist in clinical psychology; its form and size are to be commended (especially when one glances at Healy's ponderous tomes), and it will make a valuable addition to his library.

MARY GOODYEAR EARLE, R.N., M.A.,  
New York City.

CARE OF TUBERCULOSIS. By J. A. Myers, M.D. 229 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, \$2.50.

Dr. Myers' book, "The Care of Tuberculosis," is a valuable addition to the literature on this subject. It covers in clear, concise and interesting text all the points we most need to know, beginning with the history of the disease and comparing ancient with modern theories regarding its origin and treatment. The description of the tubercle bacillus, its mode of entrance into the body and its activities therein are sufficient for the average student without confusing him with many details. The illustrations, charts and statistics quoted, also clarify the subject, while the list of recent literature offers suggestion for further study. Due emphasis is placed on the value of early detection and the injustice and danger of wrong diagnosis. Particularly valuable is the discussion of the various steps involved in thorough examination for tuberculosis from the taking of family and individual history to the final interpretation of laboratory tests and X-ray plates.

Education as Dr. Myers presents it has not in the minds of most people been included in the treatment of

tuberculosis. For he includes not only the patient and his friends but also the general public in this education as treatment. Responsible for teaching the general public, he includes "properly trained physicians, nurses, public health workers and persons who are or have been patients."

In the final chapters we learn of the cost of tuberculosis to the community, the success achieved by present methods of combating it, and the respective parts to be played by patient and

nurse. Throughout the book insistence is placed on thorough special training of nurses and physicians for tuberculosis work.

The book should prove excellent for teaching purposes because it is concise, tells just what we want to know, gives incentive for further study and leaves us with a hopeful ideal for service which is particularly necessary in tuberculosis work.

FLORENCE M. REDFIELD, R.N.,  
*New Haven, Conn.*

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#### TOO LATE FOR CLASSIFICATION

**Ohio:** THE PUBLIC HEALTH INSTITUTE will be held October 29 and 30 in Cincinnati. THE EDUCATION SECTION INSTITUTE will be held November 12-15 in Columbus.

**Illinois:** The second annual institute, held in Chicago, in August, was a great success. A splendid group of women attended, 128 in all, from 12 states, representing 19 different types of nursing. Some days it was sweltering hot and the noise was deafening, but that mattered not to them, they were there to get something and they were going to get it. Nurses from the private duty group were the third highest in number. Last year a number of school nurses complained that the Institute was held at the wrong time of the year for them. The last two weeks of August were chosen specially for these. It seems very necessary for the school nurse to keep up with all educational movements because of her close connection with educators. It is a requirement for all teachers to attend an institute. Is it unreasonable to think that some day the Board of Education will require the same of the school nurse? Her chief function is teaching. Are these nurses prepared to teach?

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#### OUT-PATIENT DEPARTMENTS

The out-patient department is one of the important factors in carrying out a community health program; a program which has for its object to make available to every individual the best facilities for maintaining health, for protection against disease, for the care of the sick and handicapped, and for the prevention of death.

The out-patient department deals with the ambulatory patient, almost 90 per cent. of those who are ill, according to the figures of the Framingham survey.

The growth of the out-patient departments in the United States is interesting. The first one was established in 1786. In 1800, there were three; in 1900, there were one hundred; in 1910, there were 650; in 1922, there were 4000. During 1922, 7 million people were given treatment, making a total of 30 million visits.

The out-patient department gives an opportunity for instruction in health and furnishes an invaluable opportunity for teaching physicians and nurses.

Richard M. Smith, M.D., "The Relation of the Hospital Out-Patient Department to a Community Health Program," *Hospital Social Service*, July, 1924.

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